

Inside the Public Health Service

**A Guide to Its History,
Mission, Organization,
and Initiatives**



U.S. Department of Health, Education, and Welfare
Public Health Service
Office of Management



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Office of Management
Office of Organization and Management Systems

February 1980

Foreword

This booklet has been designed as a ready reference guide for Public Health Service (PHS) employees for use in obtaining basic information about PHS. It was prepared by staff of the Office of Management, PHS. Section I contains a discussion of the history of PHS from its founding in 1798 to the present time. This section also includes a list of selected milestones in the history of PHS. Section II describes the mission and structure of PHS. Section III highlights the organizational structure and functions of the PHS staff offices, agencies, and regional offices. Section IV addresses the current and most significant initiatives within PHS.

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Section I

History of the Public Health Service

Origin

The Public Health Service (PHS) began as the U.S. Marine Hospital Service in 1798 when an act of Congress providing for the care and relief of sick and injured seamen was signed by President John Adams. Since colonial days, the merchant fleet had been the Nation's economic lifeline and a major element of its naval defense. The proponents of the act of 1798 argued that in addition to humanitarian considerations, the national defense and the promotion of commerce demanded Federal assistance via the provision of direct medical and hospital care for these seamen, who generally did not have community roots and who were not entitled to benefits in local health facilities.

Throughout most of the 1800s, the major function of the U.S. Marine Hospital Service continued to be the care and relief of sick and injured seamen. In 1870, the Marine Hospital Service was reorganized as a national hospital system with centralized administration under a medical officer, the Supervising Surgeon, who was later given the title of Surgeon General. Under regulations of 1873, procedures were established to determine whether medical candidates for appointment or promotion were qualified generally, physically, educationally, and professionally; thus, these regulations provided the first merit system in the Federal Government for the appointment of civilian officers, predating the adoption of the United States Civil Service system by a period of ten years. These regulations thereby paved the way for the statutory establishment of the Commissioned Corps of the Public Health Service in 1889. In 1918, Congress provided for a Reserve Corps which made it possible to recruit professional personnel, other than physicians, for emergency duty.

In 1930, the Regular Corps began to include engineers and dentists, and in 1944, the Commissioned Corps was ex-

panded to include research scientists, nurses, and other health care specialists.

Today, the contributions of approximately 6,000 members of the Commissioned Corps and more than 48,000 Civil Service personnel are instrumental to PHS in the pursuit of its mission.

Epidemic Control

As early as 1799, Congress authorized Federal officers to cooperate with State and local authorities in the enforcement of their quarantine laws. Many short term laws also permitted physicians in the Marine Hospitals to help communities curb unusually severe epidemics of cholera and yellow fever. From 1870 onward, the problems of epidemic control increased. The population was growing rapidly as a result of a high birth rate and large immigration. Cities were growing and industries were expanding; railroads and steamboats were speeding the introduction and transmission of infectious diseases. Also in the 1870s, the science of bacteriology was born, and study on the causes and control of disease began to grow quickly.

Maritime quarantine, however, was the chief mechanism for the exclusion of epidemic disease from U.S. shores. Until 1878, quarantine laws and regulations were the exclusive province of State and local governments. The diversity of these laws and of the degree of enforcement, however, stimulated Congress to give the Marine Hospital Service partial responsibility as a means of bringing about some uniformity. The Service therefore was required to develop regulations for voluntary adoption by the States and port cities and to apply its regulations at ports lacking either State or local laws. In 1889, the National Quarantine Act provided for State Department officials to report to the Surgeon General on health conditions overseas. In 1893, Congress finally gave full responsibility for foreign and interstate quarantine to the Service, emphasizing the cooperative relationship that the Service had developed with State Health Departments.

Early Research and Investigations

Science began to advance steadily during the last quarter of the 19th century. With the advent of bacteriology, precise knowledge about the causes and control of many diseases became possible. These circumstances demonstrated the value of a central organization for research, field studies, and practical assistance in the control of epidemics. A one-room laboratory was established in 1887 at the Marine Hospital in Staten Island, New York for the application of new bacteriologic principles to the study of disease in this country and was called the Laboratory of Hygiene.

Quickly proving its worth, the Laboratory of Hygiene was established in 1891 as an official entity of the Service. Renamed the Hygienic Laboratory, it was moved in the same year to the headquarters building of the Marine Hospital Service in Washington, D.C. Here it became the nucleus of the future National Institutes of Health (NIH). At the turn of the century, the production and interstate sale of vaccines, serums, and other biological products was increasing rapidly. In 1902, an act of Congress assigned to the Service a responsibility with respect to licensing and regulating the production and sale of biologics in interstate commerce.

An act of 1912 expanded the research program of the Service to include conditions other than communicable diseases, and specifically authorized studies of water pollution. This act also changed the name of the U.S. Marine Hospital Service to the United States Public Health Service, reflecting the broadened functions for which the Service was responsible.

The act of 1912 also authorized PHS to assign health personnel to other Federal agencies on a reimbursable basis. The objective was to make highly trained professional workers available to agencies whose major responsibilities were not in medical health fields, but who required some such work and support.

Growth of the Public Health Service

The next major development in the growth of PHS came with the passage of the Social Security Act of 1935 which authorized annual grants to the States for health purposes. This greatly stimulated development of the Nation's health services. It also strengthened the partnership of the Federal Government with the States and territories to protect and promote the health of the people.

In 1937, Congress established the first of the special Institutes—the National Cancer Institute. The National Cancer Act authorized, for the first time, grants-in-aid to universities or individuals for research and included authority to award fellowships. Later, this authority was extended to other research fields. The Venereal Disease Control Act of 1938 enable the Service to launch a major comprehensive national control program against a specific group of diseases, principally syphilis and gonorrhea.

In 1939, as part of President Franklin D. Roosevelt's program for the reorganization and consolidation of Federal services, a Federal Security Agency was created to bring together most of the health, welfare, and educational services of the Federal Government. One of its components was PHS which had been a part of the Treasury Department until this time.

During World War II, PHS was given responsibility for a number of emergency health and sanitation activities. These were of appreciable importance to the Nation's total defense effort. However, the war emergency delayed the development of programs which health and medical leaders agreed were necessary. On the other hand, many new forces were set in motion during the war which were to have a profound effect on the work of the Service.

In retrospect, other developments were significant. First, the greatly expanded employment during the war, coupled with the provision of direct health services at war industry plants and to military dependents at Army and Navy bases, greatly effected a better appreciation of health care in the United States. This stimulated a wide demand for continued and better health care services. Second, wartime health research—pursued on a scale never before attempted—opened up possibilities for peacetime exploration. The war experience showed what could be accomplished through research.

Immediately after the end of hostilities, Congress began to put into effect plans which medical, health, and hospital authorities had agreed were needed. Beginning in 1944 and continuing up to the present time, a series of laws have been passed which significantly affected the Nation's medical research and training effort, increased health services in the States, and expanded the functions and responsibilities of PHS. A gradual and continuing assumption of new responsibilities—plus a steady advance toward broader national programs in public health and research—have marked the intervening years.

In 1946, the Hill-Burton program was initiated. The goals were to increase construction in order to fill the Nation's critical hospital and health facility shortages and to upgrade the Nation's medical care, particularly in rural areas. As a result of this program, since the late 1940s, PHS has provided national leadership in hospital planning, design, research, and operation. Since the mid-1950s, the program has provided aid to well over 5,000 hospital and medical facilities across the United States through Federal grants-in-aid.

Also in 1946, the National Mental Health Act established a National Advisory Council on Mental Health and a broad program of grants for research, training, and community health services in the field of mental health. In 1948, PHS's research activities were broadened by the statutory establishment of the National Heart Institute and the National Institute of Dental Research. In that same year, the National Microbiological Institute and the Experimental Biology and Medicine Institute were created by administrative action. Two years later, the National Institute of Arthritis and Metabolic Diseases and the National Institute of Neurological Diseases and Blindness were established. In

1955, the National Institute of Allergy and Infectious Diseases was established, and in 1962, Congress authorized the creation of an Institute of General Medical Sciences and an Institute of Child Health and Human Development.

Recent Organizational Changes

The PHS Act of July 1, 1944, consolidated the numerous authorities that had been present in the Service since 1798 and for which there was a continuing need. In selected circumstances, this act extended authority that had previously been restricted. The PHS Act of 1944 also organized PHS into four bureaus: the Office of the Surgeon General; NIH; the Bureau of Medical Services; and the Bureau of State Services. In 1953, PHS, along with other units of the Federal Security Agency, became a component of the newly created Department of Health, Education, and Welfare (DHEW). The basic structure of PHS remained unchanged until the 1960s.

In the early 1960s, unsuccessful attempts were made to modify the law to permit some modernization of the PHS structure. Finally, in 1966, President Lyndon B. Johnson sent to Congress his Reorganization Plan Number 3, which became effective in June of that year. This authority transferred all statutory powers and functions of the Surgeon General to the Secretary of Health, Education, and Welfare and empowered him to reorganize PHS without the formal approval of Congress. In anticipation of this authority during the summer of 1965, DHEW Secretary, John Gardner, appointed an external ad hoc committee, chaired by Dr. John Corson of Princeton University, to conduct a detailed study of the Department's health functions.

Based upon the report from this committee, Secretary Gardner established the new organization of PHS which became effective in January 1967. As restructured, the Service consisted of (1) five operating bureaus: NIH; the Bureau of Disease Prevention and Environment Control; the National Institute of Mental Health (NIMH); the Bureau of Health Services; and the Bureau of Health Manpower; (2) two specialized activities: the National Center for Health Statistics and the National Library of Medicine; and (3) the Office of the Surgeon General. This structure became known as the "five-bureau" organization, but it was to be short-lived.

In response to the evolving needs of society, the Federal role in ameliorating the health problems of the Nation continued to undergo dramatic changes in size, scope, and nature throughout the 1960s. President Johnson, in 1968, once again called upon the Secretary of DHEW to submit another reorganization plan to "achieve the most efficient and economic operation of the health programs of the

Federal Government.” As a result of this mandate, then Acting DHEW Secretary, Wilbur Cohen, restructured PHS once again. The following changes in the PHS organization were made: (1) the Assistant Secretary for Health and Scientific Affairs was given line responsibility for the direction of PHS. The Office of the Surgeon General became greatly deemphasized although it retained authority for administration of the PHS Commissioned Corps. For the first time in American history, a noncareer official became the Federal Government’s top health officer; (2) the Food and Drug Administration (FDA) was transferred to PHS; (3) NIH was elevated to the status of an operating agency; and (4) a new operating agency, called the Health Services and Mental Health Administration (HSMHA), was created. The FDA Commissioner, the NIH Director, and the HSMHA Administrator were made responsible to the Assistant Secretary for Health and Scientific Affairs.

Added to NIH were the Bureau of Health Manpower and the National Library of Medicine, thereby bringing together the principal activities dealing with and supporting medical schools and universities. The newly created HSMHA consisted of all that previously had been PHS, except NIH, the Bureau of Health Manpower, and the National Library of Medicine.

Later in 1968, DHEW Secretary Cohen, under a new reorganization order, created another agency of DHEW—the Consumer Protection and Environmental Health Service (CPEHS). CPEHS was designed to include PHS activities on air pollution, urban and industrial health, and radiological health, all transferred from HSMHA—plus other activities of HSMHA’s National Communicable Disease Center. Also included in this new CPEHS structure was FDA. The rationale for this linking was that man’s environmental milieu consisted of the products he consumed and used, as well as the elements of nature; therefore, it was felt that FDA and the environmental health aspects of DHEW should be brought together.

Reorganizing continued in PHS during the late 1960s and early 1970s as HSMHA underwent a number of internal reorganizations in 1968 and 1969. Then, in January 1970, DHEW Secretary, Robert Finch, announced that he was abolishing CPEHS and dividing it into two organizations, each at the level of an operating agency. Reestablished at that level were FDA, and a new unit, the Environmental Health Service (EHS). DHEW Secretary Finch felt that experience had shown little practical interaction between FDA and the remainder of CPEHS. The restructured PHS consisted of four operating agencies; HSMHA; NIH; FDA; and EHS. EHS, however, later was abolished when President Nixon created the independent Environmental Protection Agency (EPA) in late 1970. Nearly all of PHS’s EHS programs (including a program to combat water pollution) were transferred to EPA.

One major agency of HSMHA had been NIMH. In May 1971, DHEW Secretary, Elliot Richardson, created a National Institute on Alcohol Abuse and Alcoholism as a component of NIMH. Concerning other facets of restructuring, substantial organizational and procedural changes resulted when extensive decentralization to the ten (10) Regional Health Directors took place in the early 1970s. Also, the title, Assistant Secretary for Health and Scientific Affairs, became Assistant Secretary for Health in November 1972.

Current Structure

Another major reorganization of PHS took place in the summer of 1973. By 1972, HSMHA had become a rather unwieldy organization with sixteen (16) major components. A comprehensive study recommended a restructuring of PHS, based upon the fact that PHS work in the health field seemed to center around five basic components: prevention; research; resource development; services; and compliance. A subsequent study, concerned with the important issues of alcoholism and mental health, recognized the need to establish a particular emphasis in these areas.

DHEW Secretary Weinberger abolished HSMHA in the summer of 1973 and, in its place, created three separate line agencies: the Center for Disease Control (CDC); the Health Resources Administration (HRA); and the Health Services Administration (HSA). This further emphasized PHS as a major entity within DHEW which consisted of the Office of the Assistant Secretary for Health (OASH) and five line agencies: (1) CDC; (2) HRA; (3) HSA; (4) FDA; and (5) NIH.

The last part of the restructuring of the current PHS line agencies was completed in late 1973. As stated before, it had been determined that an increased emphasis on programs dealing with alcoholism and mental health was needed. Programs in these areas were currently operating in NIMH, which had been transferred to NIH in the summer of 1973. Later that year, DHEW Secretary Weinberger placed drug abuse programs with alcoholism and mental health programs in PHS, creating the sixth and most recent major line agency—the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

In December 1977, organizational changes and functional realignments occurred in OASH in a streamlining effort that improved the overall management of PHS and strengthened the leadership role of the Assistant Secretary for Health (Surgeon General of the Public Health Service) as the Nation’s chief health officer. The reorganization embodied four basic objectives: (1) to simplify program functions of OASH by assigning major leadership roles to three deputy assistant secretaries—one for programs and popula-

tion affairs, one for special health initiatives, and one for national health insurance; (2) to link health services research and health statistics activities directly to policy analysis, planning, and evaluation functions under a fourth Deputy Assistant Secretary; (3) to consolidate management activities under the PHS Executive Officer; and (4) to realign the PHS regional offices to conform with other DHEW reorganizations and to increase their effectiveness in assisting State and local communities to develop more equitable and efficient health care systems.

Also included in the December 1977 reorganization were the ten (10) PHS regional offices (ROs) that were restructured to include the same organizational units with the same functional and programmatic responsibilities. This restructuring was, in part, correlative to PHS's responsiveness to a recent reorganization of DHEW regional offices and served to increase the emphasis on intergovernmental relations in support of the DHEW Principal Regional Official (PRO) and to strengthen PHS regional support of State and local health planning activities. In addition, the restructuring served to accommodate the transfer of certain programs in PHS ROs to the newly created Health Care Financing Administration, as well as the recentralization of health manpower authorities and significant functions to the Health Resources Administration in accordance with the requirements of the Health Professions Education Assistance Act of 1976.

Over the course of the succeeding two years, the challenges that PHS faced continued to increase, both through Congressional action and through the special initiatives emphasized by Secretary Califano. In an effort to further increase the responsiveness of OASH to these complex responsibilities and to strengthen the ability of the Assistant

Secretary for Health and Surgeon General (ASH/SG) to manage PHS, Secretary Califano announced his approval to reorganize OASH early in 1979. This strengthened management control, thereby enabled Dr. Julius B. Richmond, ASH/SG, to exercise a stronger coordination of the diverse activities in the ROs and to improve the communication and relationships between PHS and State and local governments through the establishment of an Office of Intergovernmental Affairs that would function as the focal point between ASH/SG and the ten (10) Regional Health Administrators (RHAs). In addition, the policy focus of OASH was intensified to accomplish the following: increase PHS's emphasis on disease prevention and health promotion; strengthen the coordination of environmental health programs; improve PHS's capacity to assess new health care technology by accelerating, when appropriate, the transfer of technology from laboratory bench to clinical use and by integrating PHS technology assessment efforts with its existing health statistics and health services research capabilities; and integrate policy development for a national health plan with all PHS planning.

The 1979 OASH reorganization additionally served to pave the way for compatible organizational and functional changes in the PHS ROs in April of that same year. Thus, a functional realignment of PHS organizational components was oriented to the programmatic responsibilities of the following PHS agencies: ADAMHA, CDC, HRA, and HSA. Not only did this PHS RO reorganization result in improved lines of communication and accountability, but it also accomplished a strengthening of the reporting relationships of the RHAs through the Deputy Assistant Secretary for Health Intergovernmental Affairs to ASH/SG.

This last restructuring brings us to the present.

Selected Milestones in the History of PHS

- 1798** The Marine Hospital Service was established in the Treasury Department by President John Adams for the relief of sick and disabled seamen.
- 1870** The Marine Hospital Service was reorganized as a national hospital system with centralized administration under a medical officer, the Supervising Surgeon, who was later given the title, Surgeon General.
- 1878** The First Federal Quarantine Act was passed. Public health work was undertaken in this area because of the prevalence of major diseases such as smallpox, yellow fever, cholera, typhus fever, and bubonic plague.
- 1889** Congress officially established the Public Health Service Commissioned Corps along military lines, with titles and pay corresponding to Army and Navy Grades. The Commissioned Corps was established as a mobile force of professionals subject to duty anywhere upon assignment.
- 1891** The Hygienic Laboratory was established which was the forerunner of the National Institutes of Health. NIH today supports 80 percent of the biomedical research of the nation.
- 1912** The name Public Health and Marine Hospital Service was changed to the U.S. Public Health Service. The research program was expanded to include health problems other than communicable diseases.
- 1917** The National Leprosarium at Carville, Louisiana was established by an act of Congress to provide research on Hansen's Disease (leprosy) and care to individuals afflicted with leprosy.
- 1935** Under the Social Security Act, the Federal Government entered into an enduring partnership with the States for the protection and advancement of the health of the people.
- 1939** After 141 years in the Treasury Department, the Public Health Service became a part of the Federal Security Agency.
- 1944** The Public Health Service was reorganized into four bureaus with the passing of the omnibus Public Health Service Act by Congress.
- 1946** With the establishment of the National Hospital Survey and Construction (Hill-Burton) Program, the Public Health Service became the Nation's leader in hospital planning, design, research, and operation.
- 1953** Along with other units of the Federal Security Agency, PHS became a component of the newly created Department of Health, Education, and Welfare.
- 1966** President Lyndon B. Johnson sent to Congress his Reorganization Plan Number 3 which empowered the Secretary of Health, Education, and Welfare to reorganize the Public Health Service without the formal approval of Congress.
- 1968** The Assistant Secretary for Health and Scientific Affairs was given line responsibility for the direction of PHS. For the first time in American history, a non-career official became the Federal Government's top health officer.
- 1972** The Professional Standards Review Organization Act was passed to assure that health care financed with Federal funds was necessary, of the highest quality, and delivered in an appropriate setting.
- 1973** Major restructuring of PHS began in 1973. PHS was then transformed into the Office of the Assistant Secretary for Health and five line agencies: (1) the Center for Disease Control; (2) the Health Resources Administration; (3) the Health Services Administration; (4) the Food and Drug Administration; and (5) the National Institutes of Health. Later that year, the sixth agency was created—the Alcohol, Drug Abuse, and Mental Health Administration.
- 1974** The Public Health Service began to administer the National Health Planning and Resources Development Act of 1974 (Public Law 93-641), under which it identifies and plans the services required by communities throughout the country.
- 1977** Major reorganization of PHS occurred to strengthen PHS and to enhance the leadership role of the Assistant Secretary for Health as the Nation's chief health officer by combining the Assistant Secretary for Health and Surgeon General positions into a single position of the Assistant Secretary for Health and Surgeon General. Also effectuated during this time were the following: (a) simplification of the program functions of the Office of the Assistant Secretary for Health; (b) establishment of linkages between the health services research and the health statistics activities directly to the policy analysis, planning, and evaluation functions for PHS in the Office of Assistant Secretary for Health; (c) consolidation of management activities under the PHS Executive Officer; and (d) enhancement of regional health planning to increase the effectiveness of the PHS regional offices in providing assistance to State and local communities.

1979 PHS underwent major restructuring in the Office of the Assistant Secretary for Health, designed to strengthen the management of PHS and to augment its responsiveness to such major responsibilities as National Health Insurance; disease prevention and health promotion; inflationary medical costs; environmental health; health technology; child health;

health planning; and health delivery in underserved areas. Also, compatible organizational and functional realignments in the PHS regional offices were structured to coincide with the programmatic responsibilities of the following PHS agencies: ADAMHA, CDC, HRA, and HSA.

Section II

Mission and Organization of the Public Health Service

Mission of PHS

PHS is the principal health agency of the Federal Government and as such, has been charged by law not only to promote and assure the highest level of health attainable for every individual and family in America, but also to cooperatively develop health projects with other nations. It is the oldest of the Principal Operating Components (POCs) that comprise the Department of Health, Education, and Welfare.

Stated in the broadest possible terms, the mission of PHS is to promote the protection and advancement of both the physical and the mental health of the American people. PHS pursues and accomplishes this mission by: setting national health policy and planning for transition to National Health Insurance; promoting international health agreements, policies, and programs; pursuing effective inter-governmental relations with State and local governments on health policies and programs; conducting medical and biomedical research; planning health care systems and administering programs for the delivery of health services, as well as for the development of health resources, and for the prevention and control of diseases, alcohol and drug abuse; and enforcing laws to assure efficacious drugs and protection against impure and unsafe foods, drugs, cosmetics, medical devices, and radiation producing products.

The overall responsibility for the direction of PHS rests in the Assistant Secretary for Health and Surgeon General (ASH/SG), who serves as the DHEW Secretary's principal advisor on health and provides leadership and guidance on all health and health-related activities, including research and development; education and training; and the organization and delivery of health care services.

PHS is not alone in this objective, of course. It is but one of many organizations—Federal, State, and local; public and private; voluntary and official—which are working for the Nation's health. As the principal instrument of the Federal Government in this field, the Service has been granted by Congress a wide variety of specific responsibilities. Its programs have been developed in cooperation with the States, universities, hospitals, and other groups having an interest in health.

PHS was originally created in 1798 to provide for the care and relief of sick and injured seamen. Since then, new legislation has broadened this concept and has extended coverage to include a number of additional beneficiaries in the U.S. population. Those now eligible for PHS assistance in certain areas of medical and dental care and preventive health services include: actively employed merchant seamen; active and retired officers and enlisted personnel of the Coast Guard, Coast and Geodetic Survey, all active duty and retired members of the Armed Forces, and Commissioned Officers of the U.S. Public Health Service (and their dependents); Federal employees injured in the line of duty; and Peace Corps volunteers. Also eligible for PHS services are: American Indians and Alaska natives; inmates in Federal prisons; and those persons afflicted with leprosy. The above groups receive health services at PHS hospitals and outpatient clinics throughout the country.

How does PHS fulfill its mission of protecting and advancing the health of not only the above population groups, but also the general American public? What are its particular duties? How is it structured? In analyzing the mission of PHS, one should attempt to answer these questions.

Structure of PHS

To start with, it should be remembered that ASH/SG is assisted in his management of PHS by several general and special staff offices that are concerned with internal management and a number of select functions in the health field, all of which are organizationally located within the Office of the Assistant Secretary for Health (OASH). This Office also consists of three major operating centers: the National Center for Health Statistics (NCHS), the National Center for Health Services Research (NCHSR), and the National Center for Health Care Technology (NCHCT) which report to the Deputy Assistant Secretary for Health Research, Statistics and Technology.

With regard to the basic organization of the Service, the major components are the six PHS agencies: *the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA); the Center for Disease Control (CDC); the Food And Drug Administration (FDA); the Health Resources Administration (HRA); the Health Services*

Administration (HSA); and the National Institutes of Health (NIH).

Functions of PHS Agencies

ADAMHA develops policies and programs for the treatment and prevention of alcohol, drug abuse, and mental health problems. It conducts and supports research on all aspects of the above problems and on the delivery of appropriate health services to combat these problems. ADAMHA also supports the training of professional and paraprofessional personnel for work in these fields and provides technical assistance and support to State and local authorities and PHS regional offices. In addition, ADAMHA provides analysis and consultation concerning the inclusion of alcoholism, drug abuse, and mental health services as part of the basic range of health services and their eligibility under Federal and other health financing sources, including third party payment through insurance programs.

CDC assists State and local health authorities and other health-related organizations in preventing and controlling diseases, improving the performance of clinical and Public Health laboratories, and assuring safe and healthful working conditions for all working people. It maintains surveillance of diseases and of the immunization status of the population. CDC provides assistance in the control and prevention of disease and provides epidemic aid to States and communities upon request. It develops new methods for testing and preventing communicable and vector-borne diseases and other preventable conditions and conducts a national program for improving the performance of clinical laboratories. CDC also undertakes measures designed to prevent the importation or spread of communicable diseases from foreign countries into the United States or its territories.

FDA protects the public health of the Nation as it may be impaired by foods, drugs, biological products, cosmetics, medical devices, radiation-emitting products and substances, poisons, pesticides, and food additives. It insures that: foods are safe and wholesome; drugs, medical devices, and biological products are safe and effective; and cosmetics are harmless. It also insures that all of the above are honestly and informatively packaged and that exposure to potentially injurious radiation is minimized.

HRA provides leadership with respect to the identification, deployment, and utilization of physical, financial, and personnel resources in the achievement of optimal health services for the people of the United States. HRA's major thrusts include the development of a national health planning capability geared to promoting equal access to quality health care at a reasonable cost, and the promotion of in-

novative strategies that are targeted upon the development of manpower, facilities, and other resources required for an effective health care system.

HSA serves as a national focus for programs and health services, with emphasis on achieving the integration of service delivery and public and private financing systems to assure their responsiveness to the needs of individuals and families in all levels of society. HSA administers health service delivery programs supported by project grants, contracts, or other arrangements and provides leadership and supports efforts designed to integrate health service delivery programs with public and private health financing programs. It administers formula grant-supported health services programs and provides or arranges for personal health services, including hospital and outpatient care, to designated beneficiaries.

NIH provides leadership and direction to programs designed to improve the health of the people of the United States through its various activities. Such activities include the conduct and support of research in: the causes, diagnosis, prevention, and cure of diseases of man; the processes of human growth and development; the biological effects of environmental contaminants; and related sciences. It supports the training of research personnel, the construction of research facilities, and the development of other research resources. NIH also directs programs for the

collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

This then, is the mission and structure of PHS, as it is currently constituted. The programs of the Service are constantly being reoriented and revised; emphases change as health problems change—and as the environment changes. For example, 50 years ago, there was a preoccupation with infectious diseases, their understanding and control. Today, although those diseases continue to be of major concern, a different set of diseases and medical problems are now at the center of the health scene. Cancer, heart disease, mental illness, arthritis, accidents, alcoholism, drug abuse, and others are now the major killers and cripplers.

The modern, technological, urbanized life which most of us now live also brings new health problems—dangerous food additives, drugs, and assorted consumer products; air and water pollution; pesticide hazards; radiological contaminants. The activities of the Service must therefore evolve accordingly. One can see the variety of ways in which PHS does its best to protect and advance the health of the Nation. Whether through medical research, the conduct of actual medical assistance programs, or analyses of health resources and health services, PHS constantly strives to fulfill its mission to the American people.

Section III

Summaries of PHS Office Functions and Organization Charts

PHS Functions And Organization Charts

Office Of The Assistant Secretary For Health

PHS Staff Offices

PHS Regional Offices

PHS Agencies

*Alcohol, Drug Abuse, and Mental Health
Administration*

Center for Disease Control

Food and Drug Administration

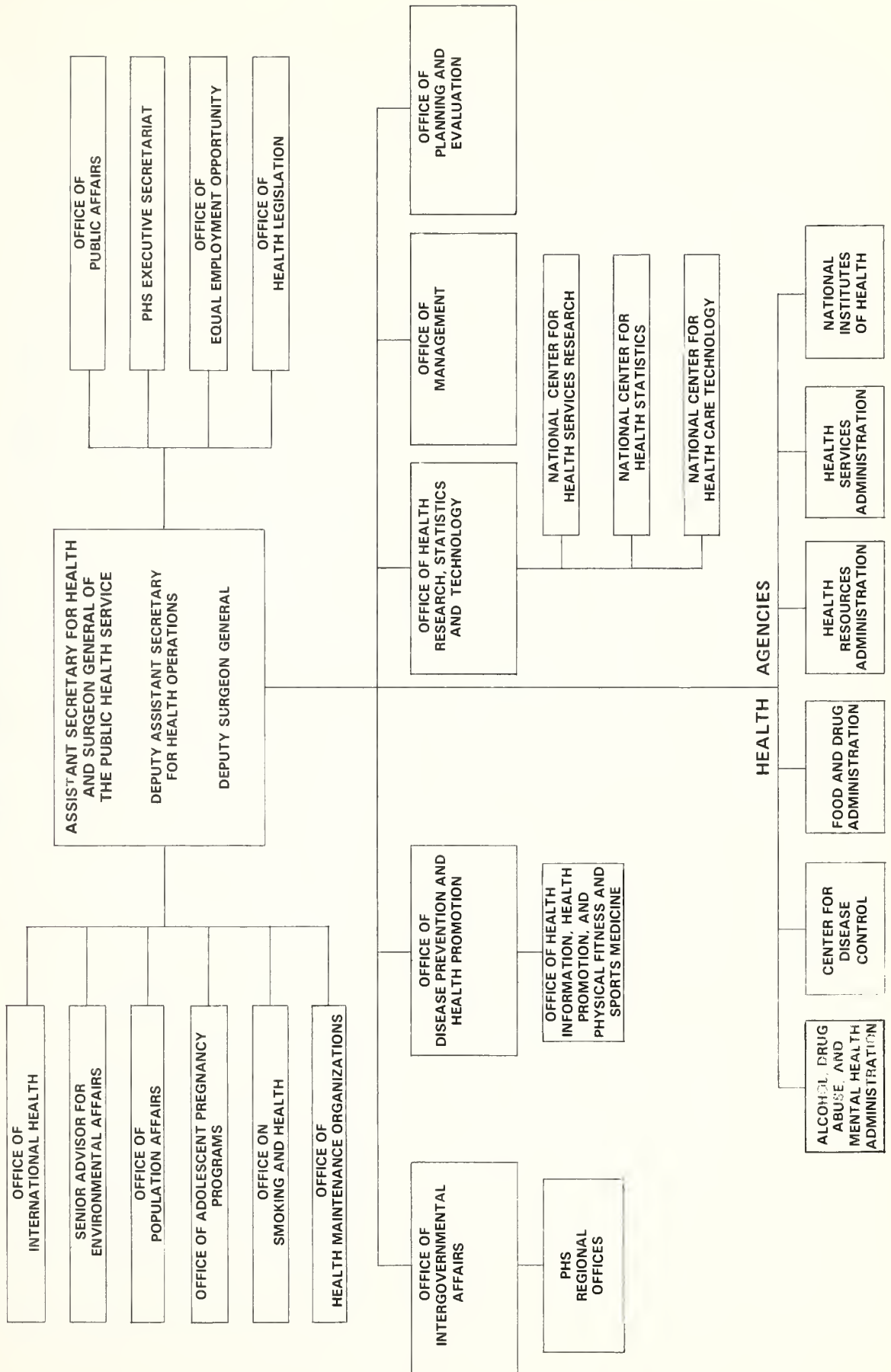
Health Resources Administration

Health Services Administration

National Institutes of Health

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

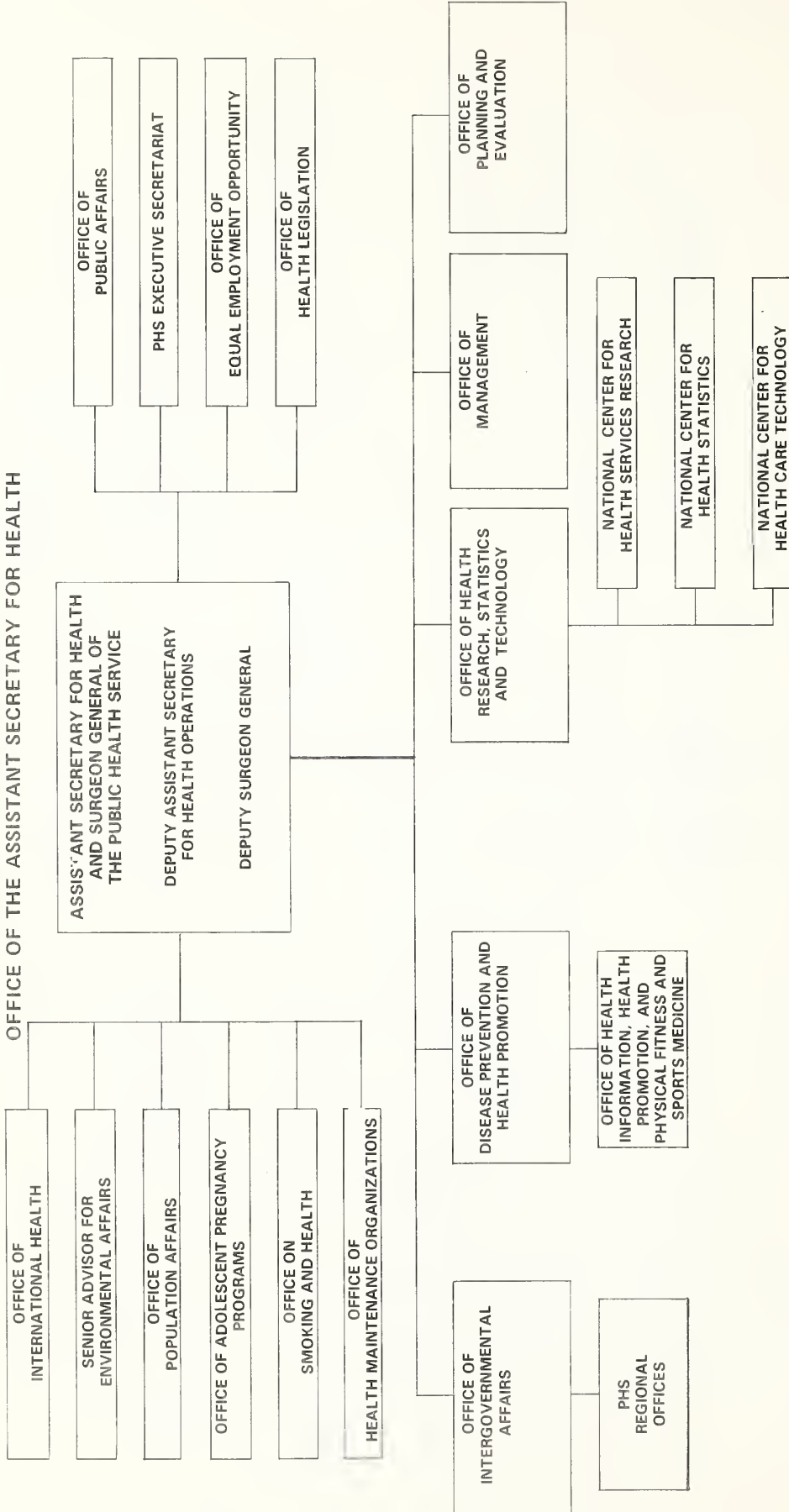
PUBLIC HEALTH SERVICE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



Office Of The Assistant Secretary For Health

The Office of the Assistant Secretary for Health (OASH) is under the supervision of the Assistant Secretary for Health and Surgeon General (ASH/SG) of the Public Health Service, who is directly responsible to the Secretary of Health, Education, and Welfare for the performance of PHS's mission and who serves as the principal advisor and assistant to the Secretary on all policies and programs of PHS and health-related policies and activities of the Department for protection of the health of the American public. The Office supports ASH/SG in the discharge of his responsibilities for planning and directing the activities of PHS; providing leadership for health systems planning, planning for transition to National Health Insurance; providing leadership for PHS disease prevention and health technology assessment and transfer activities and programs; conducting international health affairs; formulating health policy; conducting health statistics analyses and health services research; maintaining relationships with other Federal, State, and local governmental and private agencies concerned with health; and providing leadership, coordination, and direction of a nationwide program aimed at informing Americans about the dangers of smoking. Additionally, the Immediate Office of the Assistant Secretary for Health coordinates the activities of the chief professional officers and chief liaison officers.

The Deputy Assistant Secretary for Health Operations (DASHO), as the principal deputy, advises and assists ASH/SG by interrelating programmatic activities, and has specific responsibility for directing the Major Initiatives Tracking System (MITS) to assure the accomplishment of selected health objectives, implementing mechanisms to preclude fraud, waste, and abuse in PHS operations, and directing the PHS Equal Employment Opportunity Program. The Deputy Surgeon General is directly responsible to ASH/SG and coordinates all dental affairs activities throughout PHS.

Office Of International Health

The Deputy Assistant Secretary for International Health (DASIH), within the overall policy guidance of the Department of Health, Education, and Welfare's (DHEW) Office of International Affairs (OIA), Office of the Secretary (OS), and in consultation and cooperation with OIA: (1) Serves as the PHS and departmental focal point for policy guidance, planning, evaluation, and program coordination relating to international health; (2) provides staff advice to the Secretary and ASH/SG on international health policies, plans, programs, and activities; (3) prepares, directs, and assesses the results of analyses and evaluation of selected international health policy issues and programs for PHS and DHEW, the Department of State, and other Federal departments and agencies; (4) maintains liaison with, and, as

appropriate, represents the Department to international institutions and organizations, the U.S. private sector, other departments and agencies, and representatives of foreign governments on international health matters; (5) facilitates the provision of technical assistance in the health field in cooperation with other departments and agencies, international organizations and requesting countries; (6) recommends and promotes policies in health and health-related areas for implementation by international organizations, especially the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the United Nations Children's Fund (UNICEF); (7) serves as the principal focal point in the Department for relationships with WHO and PAHO and arranges for the provision of technical consultation to these organizations; and (8) provides leadership and staff support in intragovernmental international health policy, planning, and coordination processes.

Office Of Population Affairs

In accordance with the Family Planning Services and Population Research Act of 1970, as amended, the Deputy Assistant Secretary for Population Affairs (DASPA) directs the activities of the Office of Population Affairs and: (1) Serves as the departmental focus for the administration of Federal laws for which the Secretary has administrative responsibility and which provide grants and contracts related to population research and family planning programs; (2) effects liaison to overview Department programs and coordinates matters related to population research and family planning, including issues interrelated with the family planning aspects of Title V, Title IX, and Title XX Programs under the Social Security Act; (3) assumes responsibility for the overall planning, oversight, coordination, monitoring, and evaluation of the accomplishments of Population Research and Voluntary Family Planning Programs administered in concert with the delivery of health programs, adolescent pregnancy programs, population education programs, and health-related programs by PHS and other elements of the Department; (4) proposes goals and objectives and provides policy direction and staff direction and coordination of Title X Programs under the Public Health Service Act, promoting and stimulating population and contraceptive research, encouraging and supporting the training of health manpower, serving as the principal advisor to ASH/SG and the Secretary, DHEW, on the development and implementation of policies for Title X Programs, and coordinates and collaborates with other program officials to assure that their programs are expanded to include the needs and services for women and men throughout the United States concerning fertility-related and reproductive health service programs, as well as infertility programs to address the problems of couples unable to conceive and bear children; (5) provides the policy direction and coordination necessary for the development of informational and educational programs, such as self-awareness education for

teens to include such topics as growing up, reproduction, and family life informational programs for school boards, administrators, teachers, and parents on population research and family planning; (6) acts as a clearinghouse for information pertaining to domestic and international population research and family planning programs; and (7) provides a liaison with the activities carried out by other agencies and instrumentalities of the Federal Government relating to population research and family planning.

Office Of Intergovernmental Affairs

The Deputy Assistant Secretary for Health Intergovernmental Affairs (DASHIA): (1) Serves as the principal advisor to ASH/SG for facilitating the coordination and implementation of administration, Secretarial, and ASH/SG health initiatives as they pertain to intergovernmental affairs at the headquarters, regional, State, local, and community levels; (2) intervenes on behalf of ASH/SG on critical intergovernmental issues which are beyond the authority of the PHS Regional Health Administrators (RHAs) or which cross program/agency lines; (3) serves as the focal point between ASH/SG and the RHAs; (4) insures a full and timely opportunity for the RHAs to contribute to the planning, development, and implementation of PHS policies; (5) insures the effective policy review of the intergovernmental concerns of PHS and the regional offices; (6) represents ASH/SG in contacts with officials of other Federal agencies, congressional committees, Members of Congress, officials of State and local governments, and nongovernmental organizations for functions which cut across program/agency lines; (7) provides advice and counsel to ASH/SG relative to matters of mutual concern to PHS and external professional associations and organizations; and (8) assures that data relative to regional health program monitoring, performance, or assessment are referred to appropriate PHS officials for comments, review, or other action.

Office Of Disease Prevention And Health Promotion

The Deputy Assistant Secretary for Disease Prevention and Health Promotion (DASDPHP): (1) Serves as the principal advisor to ASH/SG on policies and procedures concerning disease prevention, health information, and health promotion, including physical fitness and sports medicine activities; (2) provides a Departmentwide focal point for the oversight and coordination of disease prevention, health information, and health promotion activities; (3) collaborates with the Office of Planning and Evaluation, the Office on Smoking and Health, the Office of Health Maintenance Organizations, the PHS agencies and centers, other agencies of the Federal Government, and other public and private organizations in the development and implementation

of a comprehensive national strategy for disease prevention; (4) provides project management oversight over special disease prevention or health promotion initiatives of particular interest to ASH/SG, such as immunization; and (5) through the Office of Health Information, Health Promotion, and Physical Fitness and Sports Medicine provides staff support to, and receives advice on matters related to physical fitness from, the President's Council on Physical Fitness and Sports.

Office Of Health Information, Health Promotion, And Physical Fitness And Sports Medicine

Under the direction of the Office of Disease Prevention and Health Promotion in accordance with Public Law 95-626, the "Health Services and Centers Amendments of 1978," coordinates all activities within the Department which relate to health information and health promotion, preventive health services, and education in the appropriate use of health care, in addition to those similar activities of organizations in the private sector. Coordinates and facilitates collaboration among components of the Department, PHS, Health Care Financing Administration, Office of Education/DHEW, Office of Human Development Services/DHEW, other governmental agencies, and other groups with common interests in health information and health promotion activities, including physical fitness. Collaborates with the Office of Planning and Evaluation in the development and implementation of the PHS plans in the planning activities of Medicare, Medicaid, and other Department health programs as they relate to health information, health promotion, preventive health services, and education in the appropriate use of health care. Provides for the operation of the National Health Information Clearinghouse to facilitate access to information relating to health information, health promotion, preventive health services, and education in the appropriate use of health care, and to assist in the analyses of issues and problems relating to such matters. Develops and coordinates a comprehensive national program for physical fitness with advice from the President's Council on Physical Fitness and Sports. Supports projects, conducts research, and disseminates information in the areas of physical fitness and sports medicine. Fosters and assists research into the proper role of nutrition in physical fitness programs. Provides for grants to each State for the establishment of a State Council on Physical Fitness or appropriate similar administrative unit. Administers a program of project grants to conduct research into the problem of athletic injuries and provides for the operation of a Clearinghouse on Sports Medicine Research to disseminate the results of athletic injury research to practitioners in relevant fields of health care and physical fitness. Provides staff support to the President's Council on Physical Fitness and Sports and receives advice from that Council on matters related to physical fitness.

Office Of Health Research, Statistics And Technology

The Deputy Assistant Secretary for Health Research, Statistics and Technology (DASHRST): (1) Serves as the principal advisor to ASH/SG concerning health services and health technology research, evaluations, demonstrations, and health statistical activities; (2) conducts a national program of health services research, development, demonstration, and health services research training; (3) collects, analyzes, and disseminates data on vital and health statistics, health status, health resources assessment and utilization, organization and management of health services, health expenditures, environmental health, and related matters; (4) conducts a national program of health care technology assessment, research, demonstration, evaluation, and health care technology training; and (5) provides leadership and staff support to the U.S. Committee on Vital and Health Statistics and to the National Council on Health Care Technology.

National Center For Health Services Research

Provides national leadership and administration of a program of research, demonstrations, and evaluations to study: (1) the accessibility, acceptability, planning, organization, distribution, technology, utilization, quality, and financing of health services and systems; (2) the supply and distribution, education and training, quality, utilization, organization, and costs of health manpower; and (3) the design, construction, utilization, organization, and cost of health facilities and equipment. The Center (NCHSR) enters into grants and contracts with public and private entities and with health care providers; conducts and coordinates health services research undertaken and supported through units of PHS; publishes and disseminates research findings supported or undertaken by the Center and undertakes programs to develop new and improved methods for disseminating such information; and provides technical assistance and consultation to organizations and individuals within and outside the Department engaged in or concerned with the results of health services research, evaluations, and demonstrations.

National Center For Health Statistics

In its role as the Government's principal general-purpose health statistics organization, as designated by the Office of Management and Budget, provides ASH/SG with consultation and advice on statistical matters. Provides national leadership in health statistics, collecting, analyzing, and disseminating national health statistics on vital events and health activities, including the physical, mental, and physiological characteristics of the population, illness, injury, impairment, the supply and utilization of health facilities and manpower, the operation of the health services system, health economic expenditures, and changes in the health

status of people. The Center (NCHS) administers the Cooperative Health Statistics System (CHSS); stimulates and conducts basic and applied research in health data systems and statistical methodology; coordinates the overall health statistical activities of PHS; and provides technical assistance in the planning, management, and evaluation of the statistical programs of PHS. Maintains operational liaison with statistical units of other health agencies, public and private; and fosters research, consultation, and training programs in international statistical activities.

National Center for Health Care Technology

Provides national leadership, coordination, and administration of a comprehensive program for health care technology assessment and transfer to improve the quality and to reduce the cost of medical care. Establishes priorities, in consultation with the National Council on Health Care Technology, with public and private organizations, and with individuals both within and without the Center (NCHCT), to identify the critical technologies to be assessed; and with the National Council, conducts an annual survey among DHEW components to identify technologies under development which are likely to be utilized in medical care. Administers a program of research, demonstrations, and evaluations respecting the factors that affect both the use of, and the methods for disseminating information on, the safety, effectiveness, cost effectiveness, and social, ethical, and economic impacts of particular medical technologies. The Center assists public and private nonprofit entities in meeting the costs of planning, establishing, and operating centers for assessments and multidisciplinary research, evaluations, and demonstrations. Makes recommendations to the Secretary regarding health care technology issues in the administration of the laws under the Secretary's jurisdiction, including recommendations with respect to reimbursement policy. Administers and supports health care technology training programs. Publishes and disseminates the information obtained as a result of activities supported by the Center and undertakes programs to develop new and improved methods for disseminating such information. Provides technical assistance to organizations and individuals within and outside the Department and supports grants and contracts with public and private entities relative to health care technology assessment, research, demonstrations, and evaluation projects.

Office of Planning and Evaluation

The Deputy Assistant Secretary for Health Planning and Evaluation (DASHPE): (1) Serves as the principal advisor to ASH/SG concerning the development of national health policy, planning, legislation, and the conduct of evaluations; and also serves as Special Assistant to the Secretary for National Health Insurance (NHI); (2) represents PHS in the above areas within the Department and recommends

new approaches and initiatives; (3) requests, directs, or conducts PHS health policy analysis and evaluation, including analysis of developments outside PHS that may influence health policies; (4) directs PHS participation in the Department's planning efforts and serves as liaison with all components of PHS and other related organizations on these matters; (5) directs and coordinates the efforts of PHS components in legislative development, planning, evaluation, and policy analysis in such areas as health care delivery, health statistics, health research, health technology assessment and transfer, and disease prevention and health protection, and provides analytical assistance relative to these efforts; (6) directs the PHS review of plans and strategies for resource development; (7) cooperates and coordinates with the health-related activities of the Assistant Secretary for Planning and Evaluation, Office of the Secretary, and the Health Care Financing Administration (HCFA); (8) coordinates and directs PHS and DHEW activities related to National Health Insurance; (9) coordinates all matters regarding PHS health data standardization and statistical policy development, collaborating with other Federal agencies, as appropriate; (10) provides leadership and staff support to the DHEW Health Data Advisory Committee on the identification of intermediate and long-range health data needs and in the development and modification of data policy objectives; (11) serves as statistical policy liaison with PHS components and other health-related organizations; and (12) coordinates with the Division of Policy Planning, Office of Health Research, Statistics and Technology relative to the analysis of economic issues impacting National health policies and plans.

Senior Advisor for Environmental Affairs

The Senior Advisor for Environmental Affairs: (1) Serves as the departmental focal point for the development, coordination, and implementation of DHEW environmental health efforts conducted independently or in collaboration with other Federal agencies and with State and localities; (2) serves as the departmental liaison with the scientific community on environmental health matters; (3) provides direction and coordination to PHS components relative to the planning, implementation, monitoring, and evaluation of programs which identify, prevent, and control environmental conditions that can adversely affect the Nation's health; (4) advises ASH/SG on actions which should be taken by PHS to improve its capacity to help prevent or control the major environmental causes of morbidity and mortality; and (5) serves as the principal agent in the direction and coordination of PHS participation in DHEW collaborative efforts with other Federal departments and agencies relative to the health and environmental effects of energy technologies.

Office of Management

Directs and coordinates all management activities of PHS, nationwide. Advises and assists ASH/SG on PHS and internal management priorities and policies. Develops PHS policy and provides leadership and coordination of health agency activities in the areas of financial management, contracts and grants management, manpower management, personnel management, organizational analysis, management systems and studies, administrative services, automatic data processing (ADP) management, and facilities management. Participates in program and legislative planning and analyzes program operations in collaboration with OASH staff and the health agencies to identify management implications and to ensure responsible management planning and effectiveness. Provides leadership and review of agency management activities for the purpose of assuring compliance with laws, regulations, departmental, and PHS management policies, procedures, goals, and plans. Furnishes selected supporting and staff services in financial management, personnel management, management analysis, and administrative services. Provides selected centralized common services, including service on a fee-for-service basis, as authorized by law. Serves as principal liaison between the Office of the Secretary and the health agencies, and other Government agencies on management activities and, as appropriate, represents ASH/SG. Provides oversight to assure PHS compliance with civil rights policies and requirements. Provides a focal point for the public on the Privacy Act of 1974, veterans affairs, and programs for the handicapped.

Office of Adolescent Pregnancy Programs

In accordance with Public Law 95-626, the "Health Services and Centers Amendments of 1978," provides Departmentwide leadership for the planning, promotion, development, monitoring, and continuing assessment of activities related to adolescent health, services, and pregnancy prevention and care program. Develops requirements for grant approval, program regulations, and national policy in coordination with the Deputy Assistant Secretary for Population Affairs and the Deputy Assistant Secretary for Health Planning and Evaluation, and consults with other OASH staff offices, PHS agencies, the Office of Education/DHEW, and the Office of Human Development Services/DHEW in order to coordinate related program efforts. Implements and administers the grant aspects associated with Titles VI and VII of the Public Health Service Act. Establishes and maintains liaison with other Federal agencies, private organizations, and State and local governments on adolescent health, services, pregnancy prevention and care matters. Disseminates information to public and nonprofit private agencies and organizations seeking award of funds for community projects to link adolescent health, services, pregnancy prevention and care

services and others concerned with aspects of Titles VI and VII of the Public Health Service Act.

Office on Smoking and Health

Administers a national program to inform Americans about the dangers of smoking and to reduce death and disability due to smoking. Promotes and stimulates behavioral and biological research and epidemiological and toxicological studies by government and voluntary agencies on the causes and effects of smoking on health. In conjunction with the Office of Health Information, Health Promotion, and Physical Fitness and Sports Medicine, coordinates all PHS research and educational programs and other DHEW activities relating to smoking and health. Establishes and maintains liaison with other Federal agencies, private organizations, and State and local governments on smoking and health matters. Serves as focal point for information gathering and as a clearinghouse on the dissemination of information on health education, preventive medicine, and related matters on smoking and health.

Office of Health Maintenance Organizations

Implements and administers the grant, contract, and loan aspects of Title XIII, Health Maintenance Organizations (HMOs), of the Public Health Service Act and is the Department's advocate in efforts to improve the organization and delivery of health services by use of the health maintenance organization approach. Develops national policies and objectives for the planning and initial development of HMOs. Develops long-range and short-range program goals and objectives. Serves as the departmental focal point in the area of HMO qualification, ongoing regulation, and employer compliance efforts.

Office of Public Affairs

Advises and assists ASH/SG on communications with the various publics served by PHS. Coordinates the public affairs activities of the six (6) health agencies with policy directives of ASH/SG and with the overall public affairs policies of DHEW. Provides a focal point for the public on freedom of information.

PHS Executive Secretariat

Monitors activities of interest to ASH/SG and OASH, in coordination with OASH staff offices, PHS agencies, and regional offices. Reports on meetings of ASH/SG and controls action items that result from these meetings. Provides substantive reviews of correspondence and action documents involving the Secretary and/or OASH officials to assure quality and consistency with program plans and established policies. Relates directly to ASH/SG, as needed, to assure prompt handling of both Secretarial and

PHS action documents and correspondence. Assigns, monitors, and controls incoming communications. Interfaces with the Executive Secretariat/OS providing periodic information regarding the status of Secretarial action items. Coordinates committee management activities for PHS and manages the Federal regulations process for PHS. Clears and controls the timely preparation of congressional reports. Ensures that heads of PHS staff offices and agencies are informed of, and given an opportunity to comment on, proposed actions or decisions affecting their organizations or responsibilities.

Office of Equal Employment Opportunity

The Deputy Assistant Secretary for Health Operations (DASHO) serves as Director for the PHS Equal Employment Opportunity (EEO) Program, and is the principal advisor to ASH/SG on all equal employment opportunity matters. He is assisted by the Deputy Director for EEO who provides functional supervision for the EEO Program throughout PHS, and directs OEEEO activities. The Office: (1) Develops and recommends for adoption PHS-wide EEO policies, goals, and priorities designed to carry out the intent of the Office of Personnel Management, Equal Employment Opportunity Commission, and DHEW equal employment opportunity policies and requirements under Executive Order 11478; (2) provides leadership, direction, and technical guidance to PHS agency EEO Officers for the development of comprehensive EEO programs and plans, and coordinates and evaluates PHS agency EEO operations and plans, including affirmative action plans; (3) develops plans, programs, and procedures designed to assure the prompt receipt, investigation, and resolution of complaints of alleged discrimination by reason of race, sex, age, religion, national origin, or handicap, for PHS; (4) coordinates the development of comprehensive special emphasis programs to assure full recognition of the needs of women, Hispanics, other minorities, and the handicapped in hiring and employment; (5) identifies EEO data needs for the functions of OEEEO, and such other organizational entities within PHS as may be required, and assures the development of training courses in EEO for all supervisory personnel; (6) prepares, or coordinates the preparation of reports and analyses designed to show the status of the employment of women and minorities in PHS, and maintains liaison with the Department and other organizations concerned with equal employment opportunity; (7) assures effective coordination of EEO activities with PHS personnel and training programs, and with PHS agencies' manpower planning and support programs in the health professions; (8) develops a system of structured reviews and evaluations of PHS EEO activities to assure effective operations and accountability, including the Department's Major Initiatives Tracking System (MITS) for EEO; (9) assists in assuring the adequate allocation of resources for EEO in PHS; (10) develops and directs research and evaluation

studies to focus and improve effectiveness; and (11) provides direct support for EEO program activities in OASH.

Office of Health Legislation

Directs and coordinates legislative matters affecting health activities of the Department and PHS, and provides liaison services between PHS and the Assistant Secretary for Legislation. Provides legislative advice, policy guidance, and staff support in the area of health legislation to

ASH/SG and PHS. Advises ASH/SG in the development of the Department's overall legislative health program and coordinates the implementation of the program. Coordinates preparation of testimony or statements on legislative proposals for ASH/SG. Provides guidance and assistance to the health agencies in the development and presentation of materials for hearings, executive sessions, and conferences on proposed legislative matters. Maintains liaison and develops contracts with interest groups concerned with health legislation. Develops policies for agency reports requested by Congress.



American Samoa

Guam

Trust Ter. of
Pacific Islands

Wake Island

PHS Regional Offices

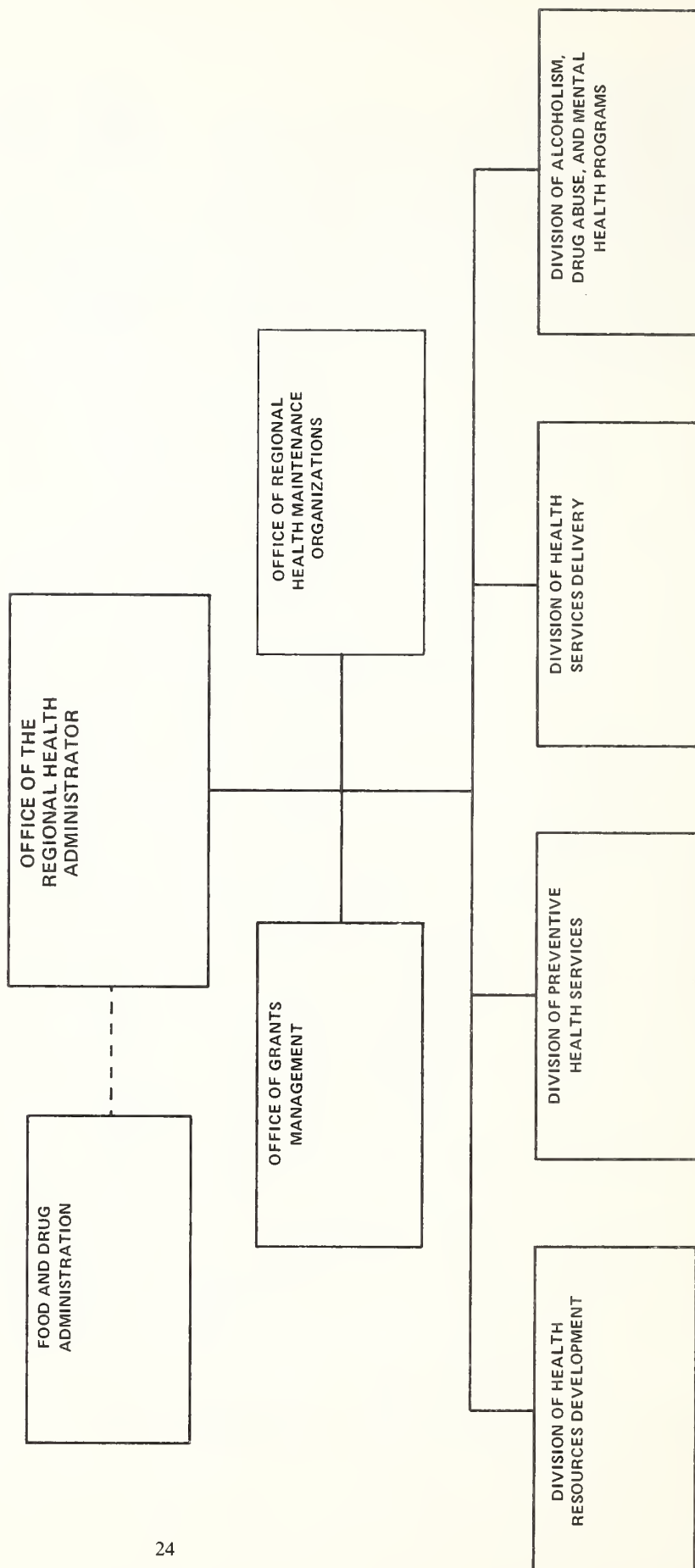
The PHS Regional Offices (ROs) support the PHS mission of improving the health of the Nation's populations through administration of regional health programs and activities to assure a coordinated regional effort in support of national health policies and State and local needs within each region. This includes providing a PHS focal point for responding to the needs of State and local governments, community agencies, and others involved in the planning or provision of general health and mental health services; pro-

viding a PHS focal point for emergency preparedness and emergency medical services in the regions; and supporting DHEW intergovernmental relations activities and responding to health issues emanating from State and local concerns. The ROs also assure that health activities and programs administered provide for prevention of health problems, continued increased capacity for providing health care, and assurance of access to general health and mental health services to improve regional health by preventing or controlling diseases, drug abuse, and alcoholism.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

PHS Regional Offices



Office of the Regional Health Administrator

Each PHS RO is headed by a Regional Health Administrator (RHA) who serves as the regional representative of ASH/SG in the region and is responsible for integrating health and medical expertise with regional program efforts. The RHA and principal staff comprise the immediate Office of the Regional Health Administrator which: (1) Directs PHS RO programs and activities in order to assure a coordinated regional effort in accordance with national policies and State and local needs within the region; (2) establishes regional priorities, consistent with the ASH/SG and agency guidance, for the development of a coordinated regional work program; (3) assures program integration in accordance with national priorities, and monitors and evaluates program performance; (4) assures the accomplishment of priority PHS and DHEW initiatives, including those tracked under the Major Initiatives Tracking System (MITS); (5) directs and coordinates programs and activities designed to increase the capacity and capability of the health care system in the region; (6) assists States through the Cooperative Health Statistics System (CHSS) in developing an increased capacity to establish a data base for resources and health systems analysis and evaluation, and effects liaison with the National Center for Health Statistics concerning regional CHSS matters; (7) conducts evaluations and special studies on the impact of PHS programs in specific geographic areas or among specific population groups and cooperates with the PHS agencies in conducting evaluation feasibility studies prior to national implementation; (8) assures the accomplishment of coordinated health planning for the region; (9) awards decentralized health grants in accordance with national policies and guidelines and State and local needs; (10) serves as the regional focal point for liaison with State, local, and regional professional organizations and provides expertise and leadership to regional program efforts as the principal coordinator for medical representation of PHS in the region; (11) serves as the regional focal point for regional emergency preparedness activities; (12) supervises Indian Health Service personnel as may be assigned to the regional office; (13) serves as the principal contact for health-related intergovernmental concerns providing, in concert with the Office of the Principal Regional Official, assistance to State, local, and private organizations; (14) cooperates with the Principal Regional Official (PRO) in coordinating health programs with other DHEW programs and with programs of other agencies impacting on the health needs of the region; and (15) as required, coordinates PHS regional programs and authorities with those separately administered by the Food and Drug Administration.

Office of Grants Management

Serves as the focus for grants management activities in the PHS RO. Receives and refers grant applications to the ap-

propriate program and reviews grant applications from a management point of view for conformity to laws, regulations, and policies. Issues grant awards; negotiates, computes, prepares, and signs award notices. Provides continuing surveillance of financial and administrative aspects of grant supported activities through site visits to assure compliance with appropriate DHEW and PHS policies. Develops, implements, and manages regional grants management procedures and policies. Provides for the development, implementation, and monitoring of the annual regional work plan related to responsibilities assigned to the office. Develops business management methods to improve cost effectiveness and financial systems of PHS regional project grants and implements business management aspects of Health Services Funding regulations and financial plans in all appropriate projects.

Office of Regional Health Maintenance Organizations

Serves as the source of expertise in the PHS RO on all matters related to the Health Maintenance Organization (HMO) program. Provides information and technical assistance on the requirements of HMO legislation, the interpretation of national policies and guidelines, and procedural requirements related to grant and loan activity, qualification, and HMO and employer compliance. Promotes the development and expansion of HMOs among States, cities, hospitals, medical schools, physicians, employers, and the public. Provides advice and assistance to funded and nonfunded entities seeking HMO status to enhance developmental activities. Reviews grant applications and makes recommendations based on the organization's soundness, the project application's conformance with laws and regulations, technical adequacy of the proposal, and the effectiveness of the project in meeting specific programmatic objectives. Conducts regular analyses and monitoring of individual project performance for adequacy of developmental activities. Provides post-qualification technical assistance to HMOs developed through public and private resources in the fields of medical care organization, quality assurance, financial management, marketing, and health care administration. Monitors adherence to the operating cost assistance agreements by qualified HMOs with loans. Establishes and maintains liaison with concerned State and local regulatory and monitoring agencies. Provides for the development, implementation, and monitoring of the annual regional work plan related to HMO program areas.

Division of Health Resources Development

Directs and coordinates regional implementation of the National Health Planning and Resources Development Act of 1974 (Public Law 93-641), including programs and activities designed to increase the capacity and capability of

health care systems in the region. Analyzes trends and projections with respect to health status, resources, program impacts, and costs. Provides assistance to, and support for, State and local health planning activities, including the development and implementation of needs assessment activities. Provides or arranges for professional consultation, guidance, and technical assistance to State and local health agencies, grantees, borrowers, professional associations, health care providers, and educational institutions, including the interpretation and explanation of national policies and guidelines with respect to comprehensive health planning, health facilities construction, health manpower and training, and improved applications of health research findings and innovative approaches to health services delivery. Provides for the development, implementation, and monitoring of the annual regional work plan related to assigned program areas. Reviews and recommends appropriate action on project applications and State plans, based on compliance with laws and regulations, technical adequacy of the proposal, and effectiveness of the project and its plans in meeting specific programmatic objectives; and provides continued monitoring of these projects in program areas. Analyzes programmatic data, reviews and recommends action on grant and loan applications, and provides continuous programmatic monitoring of division grants and loans for compliance with applicable laws, regulations, policies, and performance standards. In cooperation with the Regional Administrative Support Center/Office of the Principal Regional Official, develops scopes of work and evaluation criteria for contracts to support program requirements, evaluates technical proposals submitted by prospective contractors and makes recommendations as to their technical acceptability, monitors contractors' technical performance and their compliance with laws, regulations, and policies, in addition to accepting deliverables and assisting in contract closeout.

Division of Preventive Health Services

Directs and coordinates programs and activities designed to improve health by preventing or controlling diseases, including environmentally induced health problems. Provides liaison with special national impact programs, such as childhood immunization and venereal disease control, and assures access to headquarters epidemiologic and laboratory specialists and other specialized assistance. Provides or arranges for professional consultation, guidance, and technical assistance to State and local health departments and agencies, communities, and industries on disease prevention, preventive health services, health education, and environmental and occupational health services. Coordinates with the Division of Health Resources Development to assure the integration of applicable preventive health services and health systems agency planning efforts under the National Health Planning and Resources Development Act of 1974 (Public Law 93-641). Analyzes programmatic

data, reviews and recommends action on grant applications, and provides continuous programmatic monitoring of division grants for compliance with applicable laws, regulations, policies, and performance standards. Provides a locus of responsibility for supervision of personnel assigned from the Center for Disease Control (CDC) to State and local health departments. Provides for the development, implementation, and monitoring of the annual regional work plan related to assigned program areas. In cooperation with the Regional Administrative Support Center/Office of the Principal Regional Official, develops scopes of work and evaluation criteria for contracts to support program requirements, evaluates technical proposals submitted by prospective contractors and makes recommendations as to their technical acceptability, monitors contractors' technical performance and their compliance with laws, regulations, and policies, in addition to accepting deliverables and assisting in contract closeout.

Division of Health Services Delivery

Directs and coordinates programs and activities designed to promote and provide quality health services within the region, serving as the regional focal point for promoting and directing efforts to integrate service delivery projects in a more comprehensive manner to maximize services available in health scarcity areas. Promotes and directs activities designed to increase health care capacity and to increase access to quality health services for the medically underserved. Provides or arranges for professional consultation, guidance, and technical assistance in assigned program areas, including interpretation of national policies and guidelines to contractors and applicants for Federal assistance. Provides for the development, implementation, and monitoring of the annual regional work plan related to assigned program areas. Analyzes programmatic data, reviews and recommends action on grant and loan applications, and provides continuous programmatic monitoring of division grants for compliance with applicable laws, regulations, policies, and performance standards. In cooperation with the Regional Administrative Support Center/Office of the Principal Regional Official, develops scopes of work and evaluation criteria for contracts to support program requirements, evaluates technical proposals submitted by prospective contractors and makes recommendations as to their technical acceptability, monitors contractors' technical performance and their compliance with laws, regulations, and policies, in addition to accepting deliverables and assisting in contract closeout.

Division of Alcoholism, Drug Abuse, and Mental Health Programs

Directs and coordinates programs and activities to improve access and availability of community and State mental health programs, serving as the regional focal point for pro-

moting and directing efforts to integrate and coordinate mental health and related programs and activities with programs and activities in other areas of health and in the fields of social welfare, education, rehabilitation, and adult and juvenile corrections. Promotes the planning, development, and delivery of quality mental health, drug abuse, and alcohol abuse services throughout the region. Assists in mental health program development at State and local levels through the provision of professional consultation, guidance, and technical assistance, including interpretation of national policies and guidelines to grantees, prospective grantees, State and local officials, and nonprofit organizations. Coordinates with the Division of Health Resources Development to assure the integration of mental health and health systems agency planning efforts under the National Health Planning and Resources Development Act of 1974 (Public Law 93-641). Provides for the development, implementation, and monitoring of the annual regional work plan related to assigned program areas. Analyzes programmatic data, reviews and recommends action on grant applications, and provides continuous programmatic monitoring of division grants for compliance with applicable laws, regulations, policies, and performance standards. Administers the regional Public Health Employees Assistance

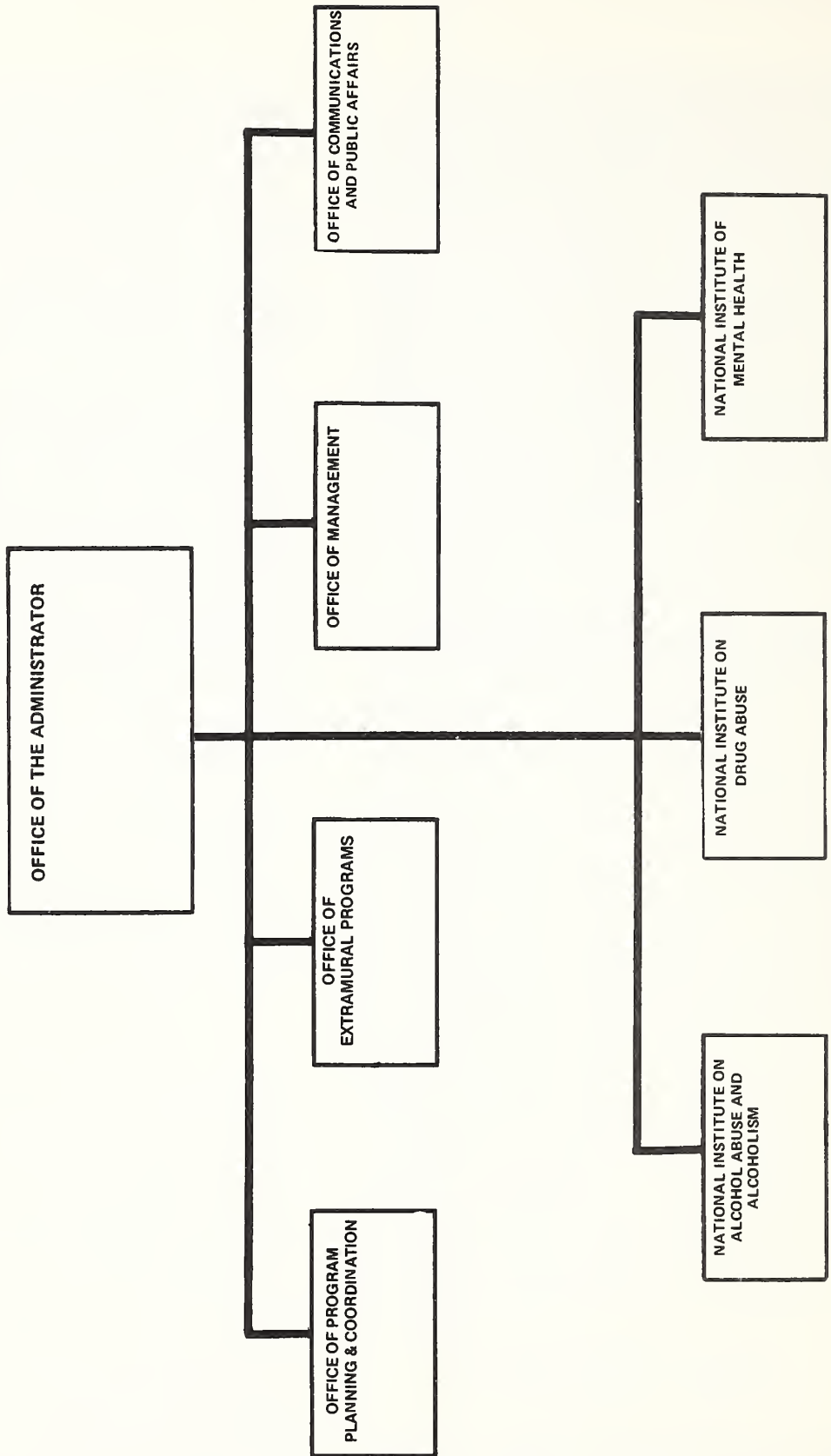
Program, including the orientation of supervisors and the provision of counseling and referral services to employees. In cooperation with the Regional Administrative Support Center/Office of the Principal Regional Official, develops scopes of work and evaluation criteria for contracts to support program requirements, evaluates technical proposals submitted by prospective contractors and makes recommendations as to their technical acceptability, monitors contractors' technical performance and their compliance with laws, regulations, and policies, in addition to accepting deliverables and assisting in contract closeout.

Food and Drug Administration

Although direct line authority for Food and Drug Administration (FDA) field operations is executed by the Executive Director of Regional Operations (EDRO) within FDA, coordination of those programs separately administered by FDA with other PHS regional programs resides within the Office of the Regional Health Administrator. For further details as to how EDRO serves as the central point within FDA through which headquarters offices obtain field support services, refer to the Executive Director of Regional Operations on page 35.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

Alcohol , Drug Abuse , and Mental Health Administration



Functions of PHS Agencies

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

The mission of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is to provide leadership in the Federal effort to reduce and eliminate, where possible, health problems of the people of the United States that are caused by the abuse of alcohol and drugs, and to improve the mental health of the people of the United States generally.

Major Components

National Institute on Alcohol Abuse and Alcoholism

Provides policies and goals for the Federal effort in the prevention, control, and treatment of alcohol abuse and alcoholism and in the rehabilitation of affected individuals. Conducts and supports research on all aspects of alcohol abuse and alcoholism and on the development and improvement of alcoholism services delivery. Supports the training of professional and paraprofessional personnel. Collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and voluntary groups to facilitate and expand programs for the prevention of alcohol abuse and alcoholism, and for the care, treatment, and rehabilitation of alcoholic persons.

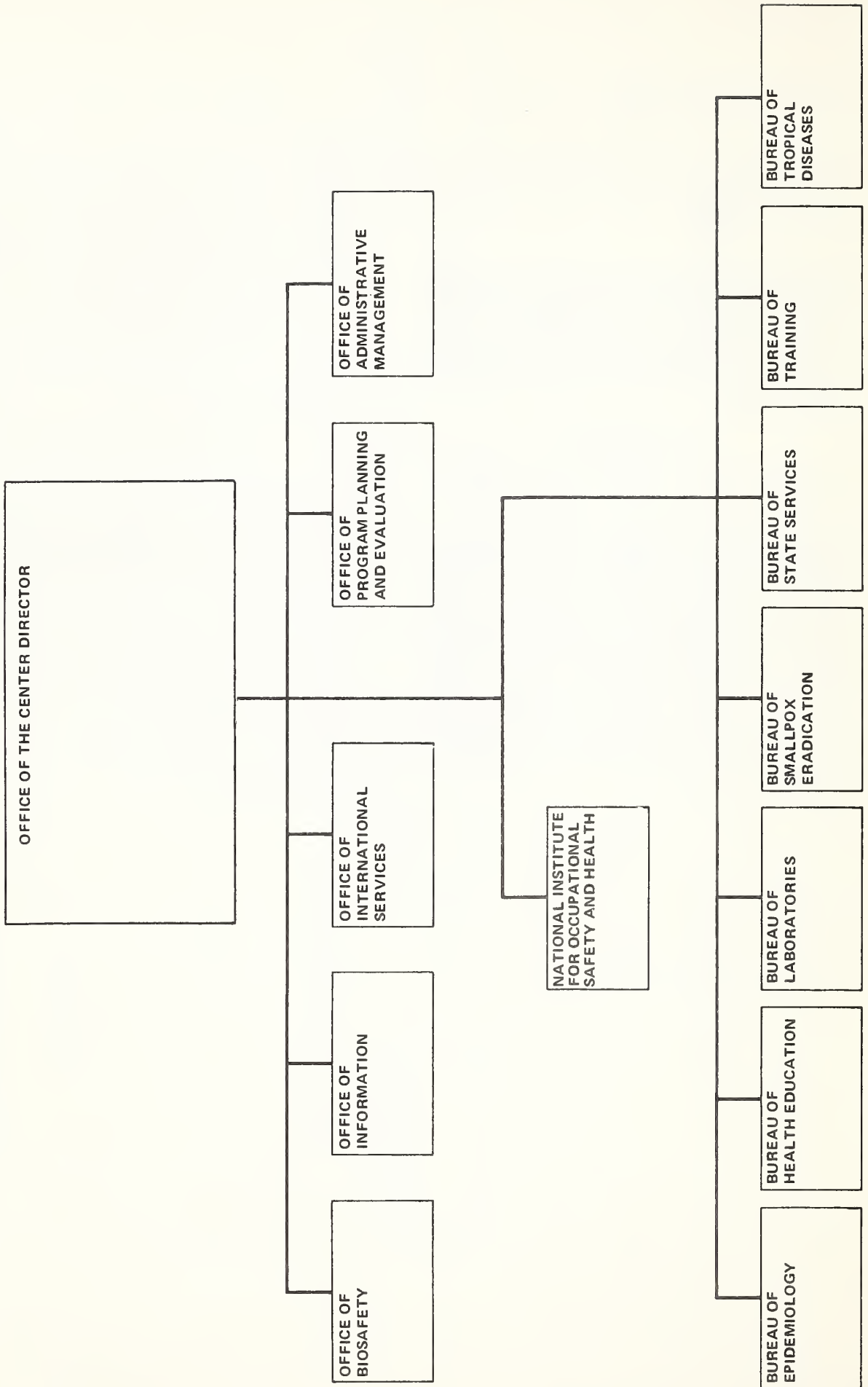
National Institute on Drug Abuse

Provides policies and goals for the Federal effort in the prevention, control, and treatment of narcotic addiction and drug abuse, and the rehabilitation of affected individuals. Conducts and supports research on all aspects of narcotic addiction and drug abuse and on the development and improvement of drug abuse services delivery. Supports the training of professional and paraprofessional personnel. Collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and volunteer groups to facilitate and extend programs for the prevention of narcotic addiction, and for the care, treatment, and rehabilitation of addicted persons.

National Institute of Mental Health

Provides policies and goals for the Federal effort in the promotion of mental health, the prevention and treatment of mental illness, and the rehabilitation of affected individuals. Conducts and supports research on all aspects of mental health and mental illness and on the development and improvement of mental health services delivery. Supports the training of professional and paraprofessional personnel. Collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and volunteer groups to facilitate and extend programs to promote mental health and prevent mental illness, and for the care, treatment, and rehabilitation of mentally ill persons. Exercises administrative and policy oversight for the operation of Saint Elizabeths Hospital.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL



CENTER FOR DISEASE CONTROL

The Center for Disease Control (CDC) is the Federal agency charged with protecting the health of the Nation by providing leadership and direction in preventing or controlling diseases, improving laboratory performance, and assuring safe and healthful working conditions for all working people.

Major Components

National Institute for Occupational Safety and Health

Plans, directs, and coordinates the national program effort to develop and establish recommended occupational safety and health standards. Administers research in the field of occupational safety and health, and develops innovative methods and approaches for dealing with related problems. Provides medical criteria which will ensure, insofar as possible, that no employee will suffer diminished health, functional capacity, or life expectancy as a result of work experience. Consults with the U.S. Department of Labor, U.S. Department of Interior, other Federal agencies, and in cooperation with the PHS regional offices, State and local Government agencies, industry, and employee organizations, with regard to promotion of occupational safety and health.

Bureau of Epidemiology

Maintains surveillance over communicable diseases and certain preventable conditions of national importance; and develops programs of international surveillance in collaboration with the Office of International Health, the Agency for International Development, the Department of Defense, the Department of State, the World Health Organization, and the Pan American Health Organization. Plans, directs, and conducts the national quarantine program which enforces quarantine regulations to protect the U.S. against the introduction of diseases from foreign countries. Implements the provisions of the International Health Regulations, and evaluates experimental vaccines and immunization agents and procedures. Recruits and trains public health epidemiologists.

Bureau of Health Education

Provides leadership and direction to a comprehensive national health education program for the prevention of disease, disability, premature death, and undesirable and unnecessary health problems. Develops and evaluates standards, criteria, and methodologies for the improvement of health education programs. Serves as a clearinghouse on health education and develops mechanisms for coordinating the health education activities of the private sector.

Bureau of Laboratories

Administers a comprehensive national laboratory improvement program that includes: (1) conducting research for improving laboratory methodology; (2) conducting and coordinating a program to standardize clinical laboratory methods and materials; (3) evaluating techniques, materials, and reagents used in public health laboratories; (4) directing and conducting the administration of the licensure and evaluation of clinical laboratories engaged in interstate commerce; (5) producing and distributing microbiological reference and working reagents not commercially available or of unreliable supply; (6) providing consultation, training, and informational services in laboratory techniques and laboratory management to States and other recipients; and (7) providing consultation, laboratory services, and epidemic aid in the area of vector-borne infections to State, Federal, and international agencies.

Bureau of Smallpox Eradication

Directs and coordinates the surveillance of smallpox and smallpox vaccinations within the United States, including consultative assistance to the States. Provides overall consultation, direction, coordination, and management for the United States' participation in the worldwide program for smallpox eradication. Works with other Government agencies and with other countries and international agencies to develop public health programs in smallpox eradication activities.

Bureau of State Services

Plans, directs, and coordinates a national program for the prevention, control, or eventual eradication of serious diseases, such as gonorrhea, measles, poliomyelitis, tuberculosis, syphilis, and rubella, for which specific preventive measures are available. Analyzes the influence of factors such as socioeconomic status, nutritional status, and demographic characteristics on the incidence and severity of preventable diseases.

Bureau of Training

Conducts a program to update and improve the performance of practicing health professionals in the techniques of disease prevention and control. Provides disease control training and consultation in natural disasters and epidemics. Promotes the establishment, maintenance, and improvement of State and other health training programs.

Bureau of Tropical Diseases

Directs and coordinates a program of research to assess the extent and significance of certain vector-borne and tropical

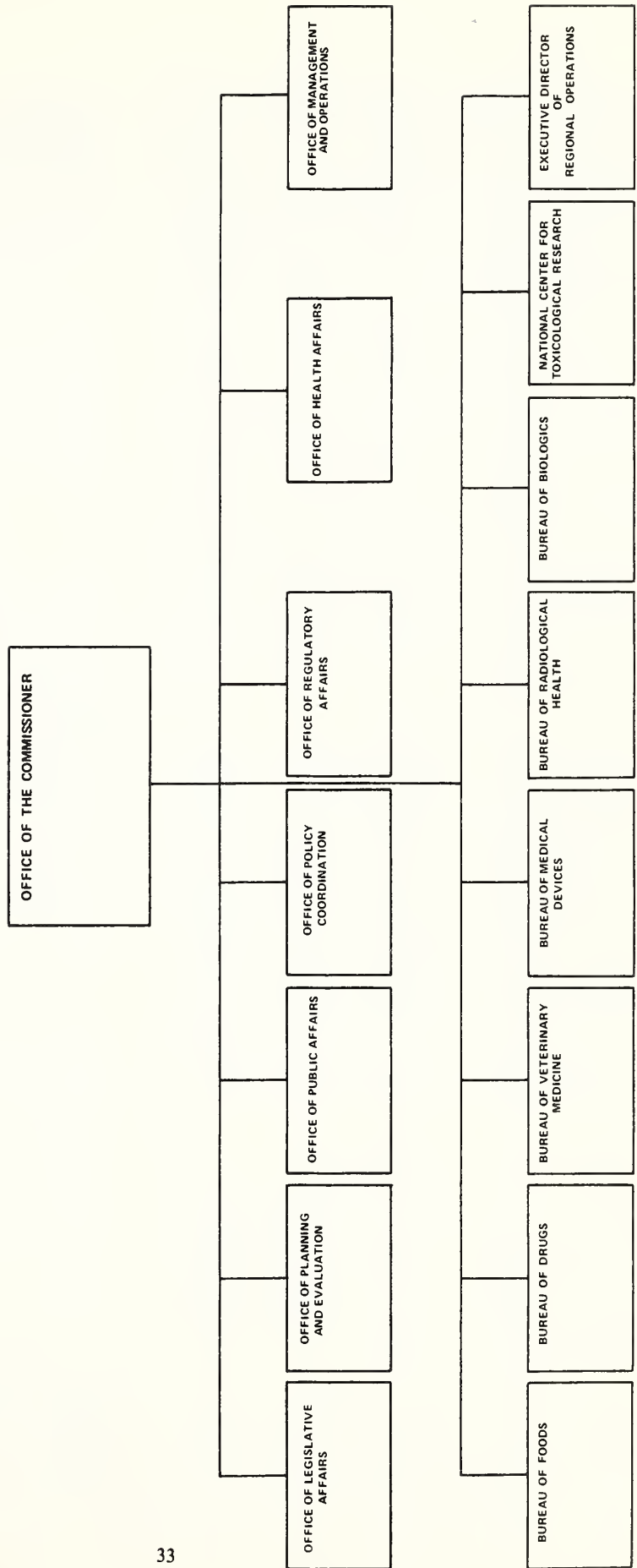
diseases. Develops and evaluates methods of controlling insect vectors and the diseases they transmit. Conducts investigations on the bionomics of insect vectors, and researches the host-parasite relationship of such diseases. Collaborates

with, and provides technical consultation to, other U.S. Government agencies and international organizations in the development, evaluation, and application of control measures.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION



FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration's (FDA) activities are directed toward protecting the health of the Nation as it may be impaired by foods, drugs, biological products, cosmetics, medical devices, ionizing and nonionizing radiation-emitting products and substances, poisons, pesticides and food additives.

Major Components

Bureau of Foods

Conducts research and develops standards on the composition, quality, and safety of foods, food additives, colors, and cosmetics. Plans FDA surveillance and compliance programs relating to foods and cosmetics. Develops for State and local governments model ordinances, codes, and regulations for use in assuring food safety and quality. Reviews industry petitions and recommends promulgation of regulations for food standards and for the safe use of color and food additives. Studies consumer experience with the above regulated products and maintains a nutritional data bank.

Bureau of Drugs

Develops policy with regard to the safety, effectiveness, and labeling of all drugs for human use. Reviews and evaluates new drug applications (NDAs) and notices of claimed investigational exemption for new drugs. Develops and implements standards for the safety and effectiveness of all over-the-counter (OTC) drugs. Develops and promulgates guidelines on current Good Manufacturing Practices for use by the drug industry. Monitors the quality of marketed drugs through product testing surveillance and compliance programs. Monitors prescription drug advertising and promotional labeling to assure their accuracy and integrity. Analyzes data on accidental poisonings. Evaluates applications for operation of methadone treatment centers. Directs the FDA antibiotic and insulin certification program.

Bureau of Veterinary Medicine

Develops policies with respect to the safety and efficacy of animal drugs, feed additives, and devices. Evaluates, for animal safety and efficacy, proposed and marketed animal drugs and feed additives and marketed devices for animal use. Plans, directs, and evaluates surveillance and compliance programs relating to animal drugs, animal feeds, and other veterinary medical matters.

Bureau of Medical Devices

Develops policies and priorities for programs relating to the safety, efficacy, and labeling of medical devices for human

use. Reviews and evaluates medical device premarket approval applications, product development protocols, and exemption requests for investigational devices. Evaluates the safety, efficacy, and labeling of medical devices and recommends their classification into regulatory categories. Develops and/or coordinates the development, promulgation, and enforcement of safety and efficacy standards for appropriate categories of medical devices and Good Manufacturing Practice regulations for manufacturers. Develops, plans, and evaluates surveillance and compliance programs for medical devices. Develops and coordinates an agencywide system for the collection of medical data from hospitals, clinics, and other reporting units. Conducts research; collects and evaluates data on significant hazards to the public health which may be caused by the use of medical devices.

Bureau of Radiological Health

Develops and implements a national program designed to control unnecessary exposure of man to, and assure the safe and efficacious use of, potentially hazardous ionizing and nonionizing radiation. Conducts an electronic product radiation control program, including the development and administration of performance standards. Plans, coordinates, and evaluates surveillance and compliance programs relating to radiation exposure. Conducts and supports research on the health effects of radiation exposure through contracts and grants; provides institutional support through training grants. Develops criteria, recommendations, and standards relative to radiation use and exposure. Participates in the development of model codes and recommendations for guidance of industry and national, State, and local radiation-control and standard-setting agencies in order to optimize radiation control practices.

Bureau of Biologics

Administers regulation of biological products under the biological product control provisions of the PHS Act and applicable provisions of the Food, Drug, and Cosmetic Act. Inspects manufacturers' facilities for compliance with standards, and approves licensing of manufacturers to produce biological products. Plans and conducts research related to the development, manufacture, testing, and use of both new and old biological products to develop a scientific base for establishing standards designed to insure the continued safety, purity, potency, and efficacy of biological projects.

National Center for Toxicological Research

Conducts research programs to study the biological effects of potentially toxic chemical substances found in man's environment, emphasizing: the determination of the adverse health effects resulting from long-term, low-level exposure

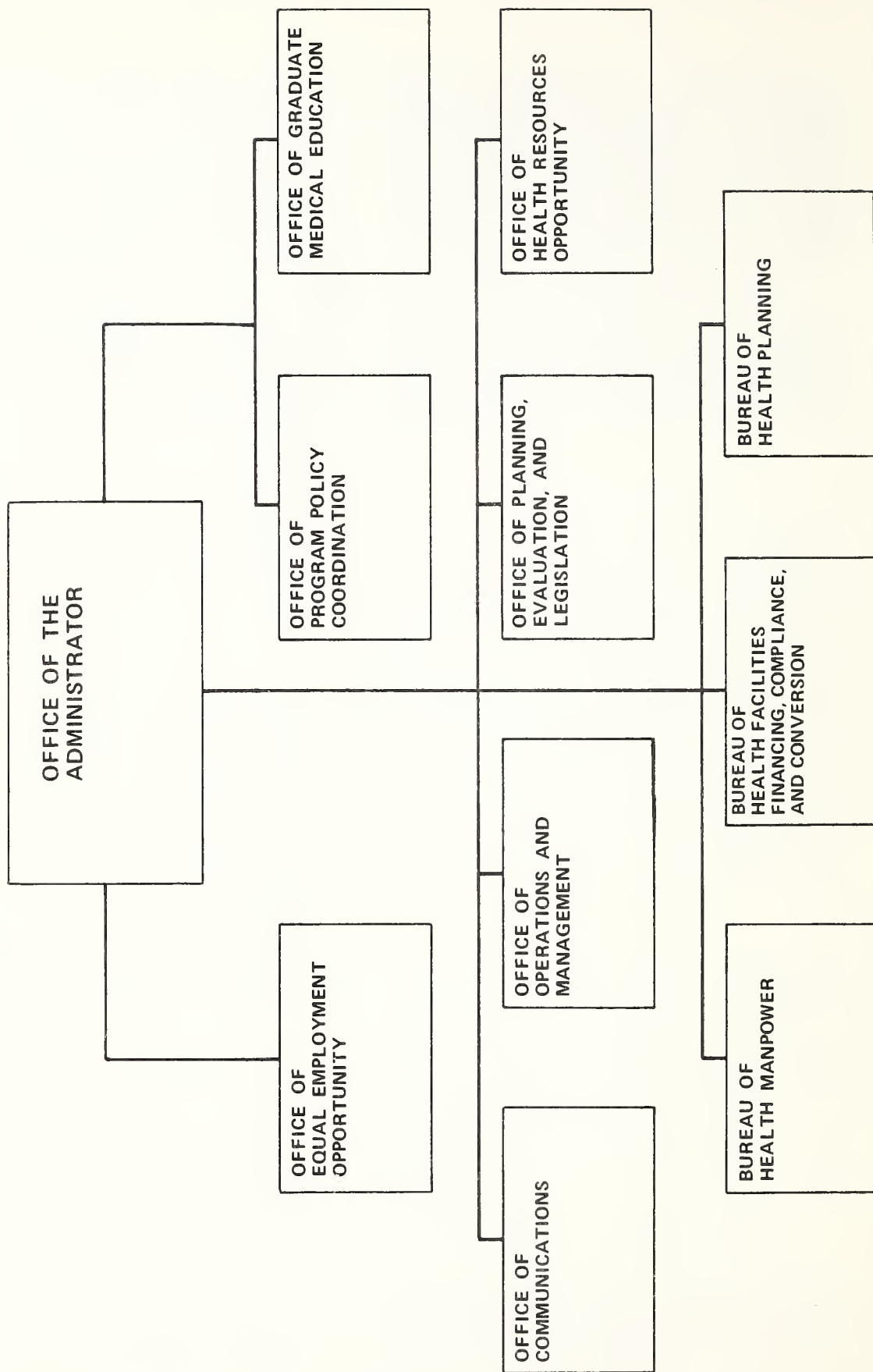
to chemical toxicants; the determination of the basic biological processes for chemical toxicants in animal organisms; the development of improved methodologies and test protocols for evaluating the safety of chemical toxicants; and the development of data to facilitate the extrapolation of toxicological data from laboratory animals to man. Conducts additional research programs that will contribute to the Center's overall scientific capability.

Executive Director of Regional Operations

Executes direct line authority over all FDA field operations. Establishes FDA's field compliance and enforcement posture based on Agency policy. Develops and/or recommends to the FDA Commissioner policy, programs, and

plans for activities between FDA and State and local agencies; administers the Agency's overall Federal-State program and policy; coordinates the program aspects of FDA contracts with State and local counterpart agencies. Serves as the FDA focal point for activities relating to the Federal medical products quality assurance program and maintains liaison with other Government agencies procuring medical supplies. Evaluates the overall management capabilities of FDA's field organization. Implements nationwide information storage and retrieval systems for data originating in the field offices. Directs and coordinates FDA emergency preparedness and civil defense programs. Recommends priorities for all field construction, repair, improvement, and renovation and recommends short- and long-range field facility utilization plans.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION



HEALTH RESOURCES ADMINISTRATION

The mission of the Health Resources Administration (HRA) is to identify health care resource problems and to maintain or strengthen the distribution, supply, utilization, quality, and cost effectiveness of these resources to improve the health care system and individual health status. Major thrusts include the development of a national health planning capability aimed at promoting equal access to quality health care at a reasonable cost, and the promotion of innovative strategies and targeted development of manpower, facilities, and other resources.

Major Components

Bureau of Health Manpower

Provides national leadership in coordinating, evaluating, and supporting the development and utilization of the Nation's health manpower. Assesses the Nation's health manpower supply and requirements. Collects and analyzes data and disseminates information on the characteristics and capacities of the Nation's health manpower production systems. Develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. Provides financial support to institutions and individuals for health education programs. Administers Federal programs for targeted manpower development and utilization. Provides liaison and coordinates with non-Federal organizations and agencies concerned with health manpower development and utilization.

Bureau of Health Facilities Financing, Compliance, and Conversion

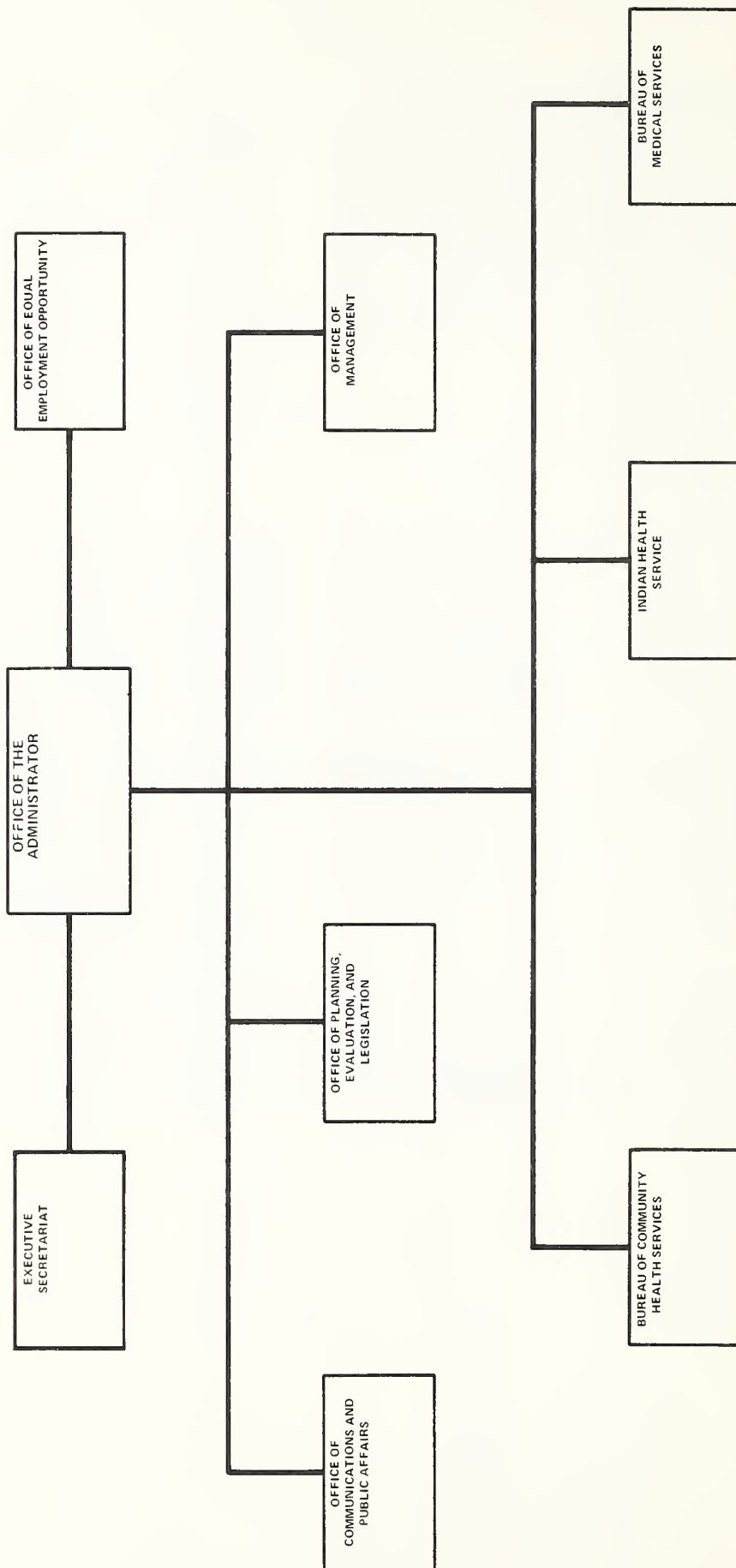
Directs, coordinates, monitors, supports, and develops policy for Federal programs pertaining to the modernization, utilization, construction, conversion, and closure of non-Federal health facilities. Administers loan, loan guarantee, and interest subsidy programs relating to the

construction, modernization, conversion, or closure of health facilities. Enforces institutional compliance with required assurances applicable to the receipt of assistance for the construction or modernization of health facilities. In close coordination with HRA's Bureau of Health Planning, develops policy and administers programs for the construction, modernization, conversion, or closure of health facilities. In close coordination with the Bureau of Health Manpower, HRA, administers grant programs for the construction of health professions teaching facilities and nurse training facilities. Develops and implements policies and programs designed to achieve the more efficient use of energy resources in health facilities and the development and utilization of less costly and/or more reliable energy sources for such facilities.

Bureau of Health Planning

Provides national leadership and administration of a program of Federal, State, and areawide health planning and health delivery systems development. Facilitates the creation and functioning of a nationwide network of local Health Systems Agencies responsible for preparing and implementing plans to increase the accessibility, acceptability, continuity, and quality of health services in the areas and to restrain increases in the costs of the areas' health services. Administers a grant program of financial assistance for State and local health systems development activities. Provides technical and other nonfinancial assistance and support to the planning agencies by conducting studies and analyses of health planning, health resources, and health delivery systems development, engendering improved health planning approaches, methodologies, policies, and standards; and establishing multidisciplinary centers for health planning. Develops and applies performance standards, guidelines, and criteria for governing the structure, operation, and performance of the Health Systems Agencies and State agencies. Establishes and directs the implementation of policies, criteria, and procedures related to applications for, and the allocation and utilization of, area health services development funds.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Services Administration



HEALTH SERVICES ADMINISTRATION

The mission of the Health Services Administration (HSA) is to provide a national focus for programs and health services for all people of the United States, with emphasis on achieving the integration of service delivery and public and private financing systems to assure their responsiveness to the needs of individuals and families in all levels of society. Included in this mission are the administration of health service delivery programs supported by project grants, contracts, or other arrangements; administration of formula grant-supported health services programs; and provision or arrangement for personal health services, including both hospital and outpatient care, to designated beneficiaries.

Major Components

Bureau of Community Health Services

Serves as a national focus for efforts to improve the organization and delivery of health services to specified medically underserved groups or in medically underserved areas (MUAs). Facilitates the development of locally-based programs of health services delivery. Enhances the capacity of its health service programs for full participation in the major public health financing systems—Medicare and Medicaid. Administers programs providing specific services to specific populations, including family planning, maternal and child health care, and migrant care. Directs programs, including the National Health Service Corps (NHSC), which assures accessibility to health care in underserved areas.

Indian Health Service

Assures a comprehensive health services delivery system for American Indians and Alaska Natives with sufficient options to provide for maximum tribal involvement in meeting their health care needs. To attain its goal of raising the health level of these two population groups to the highest possible level, the Indian Health Service (IHS) provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and the development of community sanitation facilities; facilitates and assists Indian tribes in coordinating health planning, in obtaining and utilizing health resources available, in operation of comprehensive health programs, and in health program evaluation; and assists Indian tribes in developing their own capacity to man and manage their health programs through health and management training, technical assistance, and human resource development.

Bureau of Medical Services

Provides direct health care services and support for such services to certain legal beneficiaries of PHS, including meeting the occupational health needs of Federal employees. Administers programs that are concerned with the capacity and organization of the providers of specified elements of the overall health service system by fostering the development of non-Federal public and private provider capacity to provide high quality health care services, and by encouraging the expansion of the capacity of existing health service delivery programs to permit increased participation in the major public health financing systems—Medicare and Medicaid. Provides national leadership to assist and encourage the development, improvement, expansion, and integration of comprehensive area emergency medical services systems.

Public Health Service
National Institutes of Health

NATIONAL INSTITUTES OF HEALTH

The mission of the National Institutes of Health (NIH) is to provide leadership and direction to programs designed to improve the health of the American people by conducting and supporting research in the cause, diagnosis, prevention, and cure of diseases in man, in the processes of human growth and development, in the biological effects of environmental contaminants, and in related sciences. Directs programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

Major Components

National Heart, Lung, and Blood Institute

Provides leadership for a national program in diseases of the heart, blood vessels, blood, and lungs. Plans, conducts, fosters, and supports an integrated and coordinated program of research, investigations, clinical trials, and demonstrations relating to the causes, prevention, methods of diagnosis, and treatment (including emergency medical treatment) of such diseases through research performed in its own laboratories and through contracts and research grants to scientific institutions and to individuals. Plans and directs research in the development, trial, and evaluation of drugs and devices relating to the prevention and treatment of, and the rehabilitation of patients suffering from, such diseases, and conducts studies and research into the clinical use of blood. Coordinates with other research institutes and with all Federal health programs relevant activities in the above diseases. Conducts educational activities for health professionals and the lay public and supports training of manpower.

National Cancer Institute

Plans, conducts, and coordinates a national program involving: research on the detection, diagnosis, cause, prevention, treatment, and palliation of cancers, and on rehabilitation of the cancer patient; and demonstration of the effectiveness of cancer control methods and techniques. Supports manpower training in fundamental sciences and clinical disciplines through individual and institutional research training awards and clinical education awards. Supports construction of laboratories and related facilities necessary for research on cancer. Encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research. Collects and disseminates information on cancer research and cancer control.

National Library of Medicine

Serves as a national medical information resource for medical education, research, and service activities of Federal and private agencies, organizations, institutions, and individuals. Publishes and distributes guides to medical literature in the form of catalogs, indexes, and bibliographies. Supports the translation and publication of biomedical literature. Provides support for medical library development and for the training of biomedical librarians and other health information specialists. Provides technical consultation services and research assistance.

National Institute of Allergy and Infectious Diseases

Conducts and supports research and research training programs directed at finding the causes of, and improved methods for, diagnosing, treating, and preventing immunologic and infectious diseases. Provides research grants to scientific institutions and individuals, and provides individual and institutional research training awards. Administers a contract program aimed at the adoption and application of laboratory findings to the development of specific disease control measures and solutions to infectious and immunological disease problems. Collects and disseminates research findings and related information.

National Institute of Arthritis, Metabolism, and Digestive Diseases

Conducts and supports basic and clinical research into the causes, prevention, diagnosis, and treatment of the various arthritic, metabolic, and digestive diseases, and covers the broad areas of arthritis, bone, and skin diseases; diabetes, blood, endocrine, and metabolic diseases; digestive diseases and nutrition; and kidney and urologic diseases (joined with the Artificial Kidney/Chronic Uremia Program). Collects and disseminates information on Institute programs.

National Institute of Child Health and Human Development

Conducts, fosters, and supports biomedical and behavioral research on: child health, maternal health, problems of human development with special reference to mental retardation; and on family structure, the dynamics of human population and the reproductive process. Provides consultation to Federal agencies and non-Federal groups in the development of programs to improve the health of children and their families. Coordinates and integrates research efforts with service-oriented health agencies and the Office of Child Development. Disseminates information related to research findings to practitioners and the general public for improving the health of children and their families.

National Institute of Dental Research

Conducts and supports research and research training for the causes, diagnosis, prevention, and cure of oral diseases and disorders. Provides grants for research projects and dental research institutes and individual and institutional research training awards. Collects and disseminates research findings and related information.

National Institute on Aging

Conducts and supports biomedical, social, and behavioral research and training pertaining to the aging process and related health fields. Administers a program of research grants and individual and institutional research training awards. Collects and disseminates the findings of aging research and studies and other information about the process of aging.

National Institute of Environmental Health Sciences

Conducts and coordinates research and research training on the biological effects of chemical, physical, and biological substances in the environment to: (1) develop understanding of the mechanisms of action of such substances; (2) provide the scientific basis for evaluating their extent and severity on a national scale; (3) define and develop methods for diagnosis and treatment of environmentally induced illnesses; and (4) collect and disseminate information in the furtherance of this program.

National Institute of General Medical Sciences

Administers and supports research in the basic medical and biological sciences and the clinical and related natural or behavioral sciences which have significance for two or more other institutes, are outside the general area of responsibility of any other institute, and will benefit by administration from a single point. Programs are carried out through: grants to scientific institutions and to individuals for biomedical research, including broad multidisciplinary research programs and studies; individual and institutional research training awards; and applied research and development utilizing the contract mechanism.

National Institute of Neurological and Communicative Disorders and Stroke

Conducts and supports research and research training on the cause, prevention, diagnosis, and treatment of neurological, sensory, communicative, and muscle disorders through individual and institutional research training awards to increase trained professional research manpower in neurological and communicative fields, and through cooperation with various agencies in collecting and

disseminating educational and informational material related to neurological and communicative disorders.

National Eye Institute

Conducts, fosters, and supports research on the causes, natural history, prevention, diagnosis, and treatment of disorders of the eye and visual system, and, in related fields (including rehabilitation). Administers a program of research grants and individual and institutional research training awards. Cooperates and collaborates with voluntary organizations and other institutions engaged in research and training in the special health problems of the blind. Collects and disseminates information on research and findings in these areas.

Clinical Center

Provides patient facilities and services, other than physician care, for clinical investigations. Conducts research in clinical care, hospital administration, and related areas. Supervises residency and other training programs.

Division of Computer Research and Technology

Plans and conducts an integrated computer research and service program in support of the NIH mission. Provides professional programming and computational and automatic data processing capability to meet NIH program needs. Conducts research in statistics, mathematics, and other (physical and life) sciences. Provides resources for research, development, and consultation for the design and implementation of project-supporting computer systems. Provides scientific and administrative direction in the formulation of NIH-wide policies, standards, methods, and procedures on computation and automatic data processing activities. Analyzes requirements, design, and development of automatic data processing systems to make effective use of advanced techniques and equipment.

John E. Fogarty International Center for Advanced Study in the Health Sciences

Provides the facility for discussion, study, and research in the health sciences at an international level. Promotes discussion, study, and research on the development of science internationally as it relates to health. Conceives, designs, develops, and conducts studies on current and emerging health problems. Awards scholarships to outstanding individuals for the purpose of encouraging creative thought and contributions to advanced study; awards fellowships for training in the United States and abroad. Promotes the international exchange of individuals for teaching, research, and study in the health related sciences; and provides programming services for health professional training for international organizations. Fur-

thers international cooperation and collaboration in the life sciences through its research programs, conferences, seminars, and publications.

Division of Research Resources

Serves as a focal point for the development and support of multicategorical research resources needed on an institutional, regional, or national basis for health related research. Through research grants, individual and institutional research training awards, and research and development contracts to institutions involved in biomedical research, assures the availability of adequate tools, the necessary environment, and stability of funding for multicategorical research resources which support NIH's research mission. Supports specialized resources for multidisciplinary research programs of institutions conducting health related research.

Division of Research Grants

Provides staff support services in formulating NIH grant and award policies and procedures relating to research and

research training programs. Receives applications for research and research training support and refers them to the appropriate PHS components. Administers the Grants Associates Program. Provides for scientific review of NIH research grants, National Research Service Awards, and research career development applications. Collects, stores, retrieves, analyzes, and evaluates management and program data needed in the administration of extramural programs.

Division of Research Services

Plans and conducts a centralized program of scientific, engineering, and technical services in support of NIH activities. Furnishes services and specialized assistance in the following areas: biomedical engineering and instrumentation design and development; research animal production, care, procurement, and animal disease identification and control; centralized glassware, tissue culture, and media preparation and issuance; biomedical library and translation services; environmental health and safety; and medical arts and photography.

Section IV

*Ten Major
PHS Initiatives*

As is evidenced from the diversity of programs and functions presented in the preceding sections, PHS represents a dynamic organization that is vigilant over, as well as responsive to, the variable health needs of the American people. It is, therefore, not only desirable but essential that PHS ensure that its programs are utilized to the maximum extent possible and that resultant accomplishments be clearly articulated and accurately evaluated if tangible improvements in the health of the Nation are to be realized. It is within this context that the Assistant Secretary for Health and Surgeon General, in collaboration with the six agency heads and other key staff, have identified those health areas that are most amenable to global penetration and high impact and thereby require particular emphasis and monitoring. Presently, ten (10) major initiatives are being tracked within PHS:

- **Immunization**
- **Health Maintenance Organizations**
- **Adolescent Health Services and Pregnancy Prevention**
- **Primary Care Capacity Building**
- **Ambulatory Care Projects Productivity/Effectiveness**
- **Health Planning Act Implementation**
- **Bio-research Monitoring**
- **Implementation of the Indian Health Care Improvement Act**
- **Diagnostic X-ray Exposure Reduction**
- **New Drug Applications Review Process**

Immunization

The ultimate goal of the immunization initiative is the elimination of the occurrence of childhood diseases in this country. More specifically, it is targeted upon reducing morbidity from measles, rubella, mumps, diphtheria, tetanus, poliomyelitis, and pertussis. This goal most effectively can be accomplished by early and complete immunization and systematic surveillance for disease outbreaks, combined with immediate disease control procedures. The achievement of improved levels of immunization will depend upon the implementation of immunization action plans at the regional, State, and local levels and upon State education, health and welfare agencies, and voluntary organizations. Numerous business, industry, labor, civic, and health professional organizations are supportive of this child health effort and are carrying out employee and public education efforts.

Health Maintenance Organizations

The emphasis of the Health Maintenance Organization (HMO) initiative is twofold: (1) to improve the efficiency of the HMO qualification and compliance program and (2) to augment the capability of HMOs to serve a potential of 2.9 million additional enrollees.

1. Consonant with improving the efficiency of the HMO qualification and compliance programs, the average processing time for qualification applications will be reduced markedly through implementation of various innovative approaches. In order to accomplish the compliance objective, a comprehensive compliance strategy or plan will be developed. This will include a clear statement of the overall philosophy and policy to be pursued, criteria to be used for compliance determinations, specification of routine reporting requirements, development of protocols for site visits and specialty reviews, and development and issuance of guidelines for correction of noncompliance problems and for revocation of qualification.
2. In order to expand the capability of HMOs to serve a potential 2.9 million additional enrollees within five (5) years after "graduates" of feasibility grants become operational (fiscal year 1986), the development of HMOs will be encouraged further through the expenditure of grant funds and program support funds. These funds will be employed to start new feasibility projects; advance projects into initial development; and award loans to qualified HMOs. Initially, an enrollment increment of 750 per quarter is assumed, increasing to 3,000 per quarter by the fifth year (fiscal year 1986). In addition to these projections, efforts will be undertaken to stimulate potential sponsors in areas currently not served by HMOs.

Adolescent Health Services And Pregnancy Prevention

The aim of this initiative is to provide family planning services to 1,535,200 adolescents at risk by fiscal year (FY) 1980; to provide training and information and educational support to Bureau of Community Health Services' (BCHS's) providers and projects, with particular emphasis on providing appropriate materials for adolescents; and to reduce the infant mortality rates in ten (10) selected areas by increasing family planning services and improving prenatal and interpartum (between pregnancies) care through a model service network which links BCHS programs and other community resources.

In order to improve the accessibility, availability, and quality of care for adolescents, existing capacity will be utilized to the maximum extent feasible, underscoring the new activities funded under the alternatives to abortion program, launched by the Department and supported by the Congress. Project grants will be made to support training in selected comprehensive programs for adolescents. This effort will be supplemented further by workshops for multidisciplinary health care providers in adolescent health and for key personnel at the Federal, State, and local levels who have lead responsibility for setting policy affecting the delivery of family planning services to teenagers.

Primary Care Capacity Building

Primary Care Capacity Building is focused upon: improving the accessibility and availability of primary health care resources in medically underserved rural and urban areas through establishing 136 new service delivery sites and projects during FY 1979; increasing the level of individuals receiving comprehensive health services in Community Health Center (CHC), Migrant Health Center (MHC), and Health Underserved Rural Area (HURA) projects to 4,208,000 by December 1979; decreasing the infant mortality rates in ten (10) areas of highest need over a five-year period through model targeting and integrating the services of the Community Health Center, the National Health Service Corps (NHSC), Maternal and Child Health (MCH), and Family Planning (FP) programs. This objective will be achieved by employing the grant resources authorized under the CHC and HURA authorities and by maximizing NHSC personnel resources in medically underserved areas (MUAs), which are generally characterized by high infant mortality rates, significant numbers of people age 65 and over, large numbers of people living in poverty, and shortages of health care personnel. Guidance will be provided by BCHS on program integration, project systems development, performance measurement, and management improvement. The approach of this initiative will maximally utilize scarce resources and tie together the Primary Care Capacity Building and the Adolescent Health Services and Pregnancy Prevention Initiatives.

Ambulatory Care Projects Productivity/Effectiveness

The Ambulatory Care Projects (ACP) Productivity/Effectiveness initiative has been designed to enhance the operational efficiency of all BCHS-supported ambulatory care projects, which include those Community Health Centers (CHSs), Health Underserved Rural Area (HURA) service delivery projects, Migrant Health Centers (MHCs), Maternity and Infant Care (MIC) projects, Children and Youth (C&Y) projects, Family Planning (FP) projects, and selected Appalachian Regional Commission (ARC) service delivery projects that have been operational for at least two (2) years. This initiative relies upon the Bureau Common Reporting Requirements (BCRR) of BCHS for the monitoring of project performance and includes specific measurable objectives which integrate the following: (1) compliance with clinical indicators to determine program quality and effectiveness, including acceptability by patients, and (2) compliance with administrative indicators to determine project efficiency. This integration will be accomplished through targeted project audits that are performed annually on a randomly selected basis. In addition to enhancing the quality, efficiency, and effectiveness of health services delivered in ACPs, this initiative places increased importance on performance as a criterion for grant awards and as such, measures effective and efficient performance against published criteria as one condition for the award of continuation grants.

Health Planning Act Implementation

The purpose of this initiative is to provide necessary funding and technical assistance to support State Health Planning and Development Agencies (SHPDAs) and Health Systems Agencies (HSAs) to achieve full designation, as well as to assist States and territories in developing an acceptable Certificate of Need (CON) program that will help restrain the rising rate of health care costs. Full designation of the 205 HSAs and 57 SHPDAs will provide the framework for the implementation of the planning, review, and resource development function mandated by the National Health Planning and Resources Development Act of 1974 (Public Law 93-641). The plans developed by HSAs and SHPDAs will address the critical issues in health care; whereas, the CON program will endeavor to control health care costs by preventing the unnecessary building of health facilities and the duplication of health services and by redirecting available health resources to areas of highest need. Technical assistance will be provided by the Health Resources Administration (HRA) who will work with the National Conference of State Legislators and the National Governor's Association to assist States to develop acceptable CON programs.

In addition, HRA plans to develop and implement a system for evaluating local and State agency performance which will include site visit assessment of performance reporting systems.

Bio-research Monitoring

The Bio-research Monitoring initiative will assure the quality of bio-medical research data submitted to Federal regulatory agencies through implementation of new standards and assessment of the scientific quality of 75 percent of 408 laboratories conducting animal studies, 75 percent of 281 sponsors and monitors of clinical investigations, 5 percent of 10,800 physician clinical investigators, and 38 percent of 1,000 institutional review boards.

Because decisions on the safety of new drugs, food additives, and numerous industrial substances largely are based upon research data submitted to the Food and Drug Administration (FDA) and other Federal agencies in support of an application for use, and because these Federal regulatory agencies usually do not duplicate these tests; the validity of their regulatory decisions is highly dependent upon the accuracy and reliability of test data supplied by these independent research organizations. With the growth of the regulated industry, continued technological development, changes in test procedures, and perhaps the most important, the recent questioning of the validity of data submitted by firms; it has become imperative that more attention be directed to the accuracy, as well as truthfulness, of test data submitted.

Questions regarding the integrity of some data prompted the Congress to authorize FDA to initiate a program that would monitor and assure the quality and integrity of bio-research data submitted to the Federal government. The objectives of this initiative, therefore, are to assure that all preclinical (animal testing) laboratories are in compliance with the FDA's Good Laboratory Procedures (GLPs); and to assure that commercial sponsors of human tests, as well as individual physician investigators, submit accurate bio-research data. Accomplishment of this initiative will contribute to the assurance that FDA receive the high caliber of drug testing that is central to its regulatory responsibilities and to the research and public health programs of DHEW.

Implementation Of The Indian Health Care Improvement Act

Implementation of health care improvements under Public Law 94-437 (the Indian Health Care Improvement Act) and the furtherance of care and education programs for the Indian people are the predominant thrusts of this initiative. Because the Indian Health Service (IHS) has a two-part mission of assuring the availability of comprehensive health services that will elevate the health status of Indians and Alaska Natives to the highest level possible, and of providing opportunities for Indian management and operation of health programs carried out through its auspices; activities are aimed at improving access to health services, enhancing health status, and augmenting self-sufficiency.

In order to adequately address this initiative and to improve access to health services, IHS will construct new health care facilities and continue its construction of sanitation facilities. Subsequently, there will be an increase in hospital and ambulatory care visits, with a corresponding decrease in mortality rates. Health care will be improved further by an increment in the staff to patient ratio, as well as in the number of IHS hospitals accredited.

Because self-sufficiency is an integral aspect of this initiative and is reflected in increased employment of Indians in IHS, the increased awarding of Public Law 94-437 scholarships and of urban contracts will have a marked impact on self-sufficiency due to the nature of the IHS system. In other words, the IHS health services delivery system integrates health services directly through IHS facilities and staff on the one hand, with those purchased by IHS through contractual arrangements on the other, and takes into account other health resources to which Indians have access. The National "joint effort" involving IHS staff working together with National and regional Indian organizations, American Indian and Alaska Native people, and other interested parties will be instrumental in the implementation of the Act and in the achievement of this initiative.

Diagnostic X-ray Exposure Reduction

This initiative is directed to the reduction of unnecessary patient exposure from diagnostic x-rays which will realize a saving not only in direct health care costs, but also in the costs associated with radiation-induced ill health. Although diagnostic x-ray examinations are one of the most valuable diagnostic tools in the Nation's health care system, a significant portion of these may be unnecessary and potentially detrimental to health.

Because the FDA's Bureau of Radiological Health (BRH) program has extensive capability to measure the level of national x-ray exposure on a continuing basis and to identify areas where further reductions are possible, it benefits from general consensus within the scientific community on the long-term implications of x-ray exposure. Thus, BRH has made it possible to express health damage to future generations from a unit of radiation exposure today in terms of health costs in present dollars. Furthermore, the techniques and programs of BRH are proven ones that have established a record of taking a wide range of steps to reduce exposure and to measuring the realization of those efforts.

The major objectives of this initiative are in the three related areas of judgment, user techniques, and imaging systems.

The *judgment* portion endeavors to reduce unnecessary x-ray health care expenditures through the development and promotion of high-yield criteria for specific x-ray ex-

aminations. High-yield criteria are signs and symptoms in the patient which increase the probability that an x-ray examination will yield useful information—when applied in a clinical environment, they decrease the number of unproductive examinations.

The use of inadequate x-ray equipment and poor *user techniques* represent another major source of unnecessary health care costs and patient exposure. Two (2) BRH projects, Dental Exposure Normalization Techniques (DENT) and Breast Exposure Nationwide Trends (BENT), work through the State agencies in identifying x-ray facilities that deliver unusually high patient exposures and then provide corrective action through site visits to those facilities. Another aspect of this component of the initiative is the development and implementation of a broad spectrum of x-ray quality assurance programs to be used by health care personnel and State radiation control agencies.

Imaging systems refers to accelerating the adaptation of x-ray films and intensifying screens which have an enormous potential for reducing radiation exposure during medical radiographic examinations.

New Drug Applications Review Process

Because FDA believes that its first obligation to the public must be that of assuring scientifically sound and thorough reviews of safety and effectiveness data presented by drug manufacturers, coupled with a careful weighing of the benefits versus the risks of drugs, an initiative that would decrease total FDA processing time for approval of new drug applications (NDAs), judged as promising therapeutic advances, was formulated. In addition to improving both the quality and the timeliness of those drugs classified as having the greatest potential for contributing to improved medical care (that is, those offering therapeutic advances over existing therapies), FDA further intends to concurrently decrease the approval time for other new drug applications.

FDA's basic strategy in achieving the proposed improvements in the NDA review process is: (1) to employ its existing policies and procedures regarding improving the timeliness, quality, etc., of the drug approval process (Dorsen Report); (2) to direct selective managerial attention to expediting the process; and (3) to adopt new policies and procedures. This approach is based upon the legislative, administrative, and policy recommendations made by the Review Panel on New Drug Regulation and upon enactment of a restatement of the drug provision of the Food, Drug, and Cosmetic Act.

Consonant with FDA's approach are major changes in the drug review process, intended to simplify and expedite the task of drug reviewers, as well as drug sponsors. These changes include the following: (1) proposal for public com-

ment on major revisions of regulations governing the investigational new drug (IND) process and the approval of NDAs; (2) new rules on the obligations of sponsors and monitors of clinical investigations and additional proposals on the responsibilities of clinical investigators and institutional review committees; (3) finalization of guidelines for the scope and design of preclinical and clinical investigations; and (4) development of internal guidelines to assist FDA medical officers, chemists, pharmacologists, and other scientists in the review of data contained in drug applications. To ensure that all changes are implemented and that the anticipated improvements do not decelerate the drug review process, FDA plans to monitor the actual performance of the review process to ensure that performance

is maintained at a constant rate during the period of changing to an improved system.

Thus, the designation of the above ten (10) initiatives as major signifies a PHS-wide visibility that enables all PHS components, both at headquarters and in the field, to know precisely the operational objectives of these joint initiatives and the expected contributions from all components. The variety of efforts that are directed toward the success of these initiatives demonstrates how PHS continues to pursue its basic mission of promoting and protecting the health of the American people.

Acronym Appendix

This appendix has been designed to provide the reader with a listing of currently used acronyms that have been employed throughout Sections I - IV of this booklet, as well as those acronyms that correspond to all major organizational components delineated in Section III. Thus, the parent organizations corresponding to those in Section III have been included in parentheses to facilitate cross-referencing and further descriptions.

ACP	- Ambulatory Care Projects
ADAMHA	- Alcohol, Drug Abuse, and Mental Health Administration
ADP	- automatic data processing
ARC	- Appalachian Regional Commission
ASH/SG	- Assistant Secretary for Health and Surgeon General
BB	- Bureau of Biologics (Food and Drug Administration)
BCHS	- Bureau of Community Health Services (Health Services Administration)
BCRR	- Bureau Common Reporting Requirements
BD	- Bureau of Drugs (Food and Drug Administration)
BE	- Bureau of Epidemiology (Center for Disease Control)
BENT	- Breast Exposure Nationwide Trends
BF	- Bureau of Foods (Food and Drug Administration)
BHE	- Bureau of Health Education (Center for Disease Control)
BHFFCC	- Bureau of Health Facilities Financing, Compliance, and Conversion (Health Resources Administration)
BHM	- Bureau of Health Manpower (Health Resources Administration)
BHP	- Bureau of Health Planning (Health Resources Administration)
BL	- Bureau of Laboratories (Center for Disease Control)
BMD	- Bureau of Medical Devices (Food and Drug Administration)
BMS	- Bureau of Medical Services (Health Services Administration)
BRH	- Bureau of Radiological Health (Food and Drug Administration)
BSE	- Bureau of Smallpox Eradication (Center for Disease Control)
BSS	- Bureau of State Services (Center for Disease Control)

BT	- Bureau of Training (Center for Disease Control)
BTD	- Bureau of Tropical Diseases (Center for Disease Control)
BVM	- Bureau of Veterinary Medicine (Food and Drug Administration)
CC	- Clinical Center (National Institutes of Health)
CDC	- Center for Disease Control
CHC	- Community Health Center
CHSS	- Cooperative Health Statistics System
CON	- Certificate of Need
C&Y	- Children and Youth
DADAMHP	- Division of Alcoholism, Drug Abuse, and Mental Health Programs (Regional Offices)
DASDPHP	- Deputy Assistant Secretary for Disease Prevention and Health Promotion
DASHIA	- Deputy Assistant Secretary for Health Intergovernmental Affairs
DASHO	- Deputy Assistant Secretary for Health Operations
DASHPE	- Deputy Assistant Secretary for Health Planning and Evaluation
DASHRST	- Deputy Assistant Secretary for Health Research, Statistics and Technology
DASIH	- Deputy Assistant Secretary for International Health
DASPA	- Deputy Assistant Secretary for Population Affairs
DCRT	- Division of Computer Research and Technology (National Institutes of Health)
DENT	- Dental Exposure Normalization Techniques
DHEW	- Department of Health, Education, and Welfare
DHRD	- Division of Health Resources Development (Regional Offices)
DHSD	- Division of Health Services Delivery (Regional Offices)
DPHS	- Division of Preventive Health Services (Regional Offices)
DRG	- Division of Research Grants (National Institutes of Health)
DRR	- Division of Research Resources (National Institutes of Health)
DRS	- Division of Research Services (National Institutes of Health)
EEO	- Equal Employment Opportunity
EDRO	- Executive Director of Regional Operations (Food and Drug Administration)
ES	- Executive Secretariat (Office of the Assistant Secretary for Health)
FDA	- Food and Drug Administration

FIC	- Fogarty International Center (National Institutes of Health)	NICHHD	- National Institute of Child Health and Human Development (National Institutes of Health)
FP	- Family Planning	NIDA	- National Institute on Drug Abuse (Alcohol, Drug Abuse, and Mental Health Administration)
FY	- fiscal year	NIDR	- National Institute of Dental Research (National Institutes of Health)
GLPs	- Good Laboratory Procedures	NIEHS	- National Institute of Environmental Health Sciences (National Institutes of Health)
HCFA	- Health Care Financing Administration	NIGMS	- National Institute of General Medical Sciences (National Institutes of Health)
HMO	- Health Maintenance Organization	NIH	- National Institutes of Health
HRA	- Health Resources Administration	NIMH	- National Institute of Mental Health (Alcohol, Drug Abuse, and Mental Health Administration)
HSA	- Health Services Administration	NINCDS	- National Institute of Neurological and Communicative Disorders and Stroke (National Institutes of Health)
HSAs	- Health Systems Agencies	NIOSH	- National Institute for Occupational Safety and Health (Center for Disease Control)
HURA	- Health Underserved Rural Area	NLM	- National Library of Medicine (National Institutes of Health)
IHS	- Indian Health Service (Health Services Administration)	OAPP	- Office of Adolescent Pregnancy Programs (Office of the Assistant Secretary for Health)
MCH	- Maternal and Child Health	OASH	- Office of the Assistant Secretary for Health
MIC	- Maternity and Infant Care	ODPHP	- Office of Disease Prevention and Health Promotion (Office of the Assistant Secretary for Health)
MHC	- Migrant Health Center	OEE0	- Office of Equal Employment Opportunity (Office of the Assistant Secretary for Health)
MUAs	- Medically Underserved Areas	OGM	- Office of Grants Management (Regional Offices)
NCHCT	- National Center for Health Care Technology (Office of Health Research, Statistics and Technology/Office of the Assistant Secretary for Health)	OHHPFSM	- Office of Health Information, Health Promotion, Physical Fitness and Sports Medicine (Office of the Assistant Secretary for Health)
NCHS	- National Center for Health Statistics (Office of Health Research, Statistics and Technology/Office of the Assistant Secretary for Health)	OHL	- Office of Health Legislation (Office of the Assistant Secretary for Health)
NCHSR	- National Center for Health Services Research (Office of Health Research, Statistics and Technology/Office of the Assistant Secretary for Health)	OHMO	- Office of Health Maintenance Organizations (Office of the Assistant Secretary for Health)
NCI	- National Cancer Institute (National Institutes of Health)	OHRST	- Office of Health Research, Statistics and Technology (Office of the Assistant Secretary for Health)
NCTR	- National Center for Toxicological Research (Food and Drug Administration)	OIA, OASH	- Office of Intergovernmental Affairs (Office of the Assistant Secretary for Health)
NDAs	- new drug applications	OIA, OS	- Office of International Affairs, Office of the Secretary
NEI	- National Eye Institute (National Institutes of Health)	OIH	- Office of International Health (Office of the Assistant Secretary for Health)
NHI	- National Health Insurance	OM	- Office of Management (Office of the Assistant Secretary for Health)
NHLBI	- National Heart, Lung, and Blood Institute (National Institutes of Health)	OPA	- Office of Population Affairs (Office of the Assistant Secretary for Health)
NHSC	- National Health Service Corps		
NIA	- National Institute on Aging (National Institutes of Health)		
NIAAA	- National Institute on Alcohol Abuse and Alcoholism (Alcohol, Drug Abuse, and Mental Health Administration)		
NIAID	- National Institute of Allergy and Infectious Diseases (National Institutes of Health)		
NIAMDD	- National Institute of Arthritis, Metabolism, and Digestive Diseases (National Institutes of Health)		

ORHMO	- Office of Regional Health Maintenance Organizations (Regional Offices)	PRO	- Principal Regional Official
OS	- Office of the Secretary	RHA	- Regional Health Administrator
OSH	- Office on Smoking and Health (Office of the Assistant Secretary for Health)	RO	- Regional Office
OTC	- over-the-counter (drugs)	SAEA	- Senior Advisor for Environmental Affairs (Office of the Assistant Secretary for Health)
PAHO	- Pan American Health Organization	SHPDAs	- State Health Planning and Development Agencies
PHS	- Public Health Service	UNICEF	- United Nations Children's Fund
POC	- Principal Operating Component	WHO	- World Health Organization

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